

[illegible]

ASSIGNMENT HISTORY OF

BURNEY THREADGILL. JR

ENTERED ON DUTY AT WASHINGTON, D.C.

ON JULY 21, 1947

EFFICIENT RATIONS

DATE	RATING	
1948	GOOD	
SEP 13 1948	GOOD	
CAF-10	ENTRANCE SALARY	\$4525.80
SALARY CHANGES		
DATE	GRADE	SALARY
7-11-48	CAF-10	\$4855.80
7-25-48	CAF-10	\$4981.20
2-20-49	CAF-11	\$5232.
10-30-49	GS 11	\$5400
8-20-50	GS 11	\$5600
5-13-51	GS-12	\$6400
7-8-51	GS-12	\$7040
11-9-52	GS-12	\$7240
5-9-54	GS-12	\$7440
3-13-55	GS-12	8000
11-6-55	GS-12	8215
6-17-56	GS-13	8990

[illegible]

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

TO : Mr. Walsh

DATE: 2-10-76

FROM : S. R. Burns

SUBJECT: SA BURNEY THREADGILL, JR.
Senior Resident Agent - Monterey, California
San Francisco Office

PERMANENT BRIEF

Entered on Duty	7-21-47
Reported to Field	10-14-47
Present Grade and Salary	GS-14, \$32,231
Last Salary Change	10-12-75 - Basic Increase
Age	54 - Born 10-28-1921
Place of Birth	Biloxi, Mississippi
Marital Status	Married - 2 Children
Education	Bachelor of Science Degree
Language Ability	None
Office of Preference since 3-74	San Francisco
1975 Annual Performance Rating	EXCELLENT
Firearms Ability	Qualified
Immediate Relatives in Bureau	None
Offices of Assignment:	
10-14-47 assigned	Chicago
9-14-48 reported	Seattle
10-24-49 reported	Springfield
5-5-50 Resident Agent	East St. Louis, Illinois
11-30-50 reported	Anchorage
11-14-52 reported	San Francisco
2-14-52 Resident Agent	Oakland, California
9-16-57 Resident Agent	Berkeley, California
9-13-65 Resident Agent	Monterey, California
3-17-67 ASRA	Monterey, California
3-14-72 SRA	Monterey, California

LS:sms
(1)



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



Burney Threadgill, Jr.

9/74

This employee entered on duty 7-21-47 as a Special Agent in Grade CAF-10, \$4525.80 per annum. At the conclusion of his training period, Mr. Clegg said he appeared to have a personality that would enable him to get along well with everyone, his contact qualities were good, he had shown a very good attitude and it was believed that with seasoning in the field he would do well.

On 10-14-47 he was assigned to the Chicago Office.

RECORD IN GRADE CAF-10, \$4525.80: On 12-18-47 SAC McSwain rated him GOOD and said he appeared to possess sufficient initiative, force and aggressiveness in the performance of his duties, he was rated as a good dictator and was in good physical condition. He performed satisfactorily in moot court training, his firearms scores were average, and it was believed that he could be utilized on dangerous assignments and raids under proper supervision. His reports were well written for a man of his experience requiring the average number of corrections. His contacts with the general public had been satisfactory. He had shown ability to organize and initiate investigations with a minimum of supervision. He was sincere, conscientious, and interested in his work and thus far had appeared willing to accept and discharge responsibility without close and constant supervision. He had shown progress to date and it was the SAC's belief that he would continue to develop with experience.

On 3-31-48 SAC McSwain rated him GOOD and reiterated some of his comments of 12-18-47 and added that he had contacted law enforcement officers and the general public in a very satisfactory manner, his attitude for his work was very good, and he appeared anxious to improve his status in the Bureau. He was an exceptionally hard working agent and handled more than the average amount of work for an agent of his experience. He had shown exceptionally good progress, and it was felt that with more diversified experience he should develop into a better than average agent.

As the result of a basic salary increase effective 7-11-48, and a Uniform Promotion effective 7-25-48, his salary was increased to \$4981.20 per annum in Grade CAF-10.

On 9-14-48 he was transferred to Seattle and on his transfer efficiency report dated 9-3-48, SAC Wilcox rated him VERY GOOD and said he was qualified in the use of all Bureau weapons, he appeared to possess good judgment and had an even temperament, and was believed capable of performing satisfactorily on dangerous assignments and raids under proper supervision. He had operated on physical surveillances in a satisfactory manner. His attitude towards his work was particularly good, and he had shown that he was always ready and willing to accept any type of assignment. It was noted that he had put in a considerable amount of voluntary overtime work. He was an exceptionally hard-working agent and handled more than the average amount of work for an agent of his experience. He was in very good physical condition.

On 1-26-49 SAC Wilcox rated him EXCELLENT and said both the volume and quality of the work performed by this Agent had been above average. He appeared to be very much interested in the Bureau's work and took full responsibility for any assignments given him. He worked hard and fast. His investigations had been thorough and required only nominal supervision. He testified in court and made a very good appearance on the witness stand.

On 2-20-49 he was reallocated to Grade CAF-11, \$5232 per annum.

RECORD IN GRADE CAF-11, \$5232: On 9-13-49 SAC Wilcox rated him GOOD and said he was very well mannered and was alert and conscientious. He had an exceptionally good attitude. He worked hard and handled an above average volume. His reports were well written and required only a minimum of supervision. He assumed responsibility and used resourcefulness and initiative in carrying out his assignments. He was qualified in the use of Bureau firearms and could be used on dangerous assignments. The stenographers rated his dictation between excellent and very good. He was capable of making good contacts with both law enforcement officials and in the business world. He was believed capable of handling technical or physical surveillances. He was single and available for assignment to any of the Bureau's offices.

On 10-24-49 he was transferred to the Springfield Office.

During an inspection of the Seattle Office in October 1949, the Inspector (ASAC L. C. Nulty) said he agreed with the SAC that this Agent made good contacts and should develop into an above average Agent with further experience.

As the result of a basic salary increase effective 10-30-49, his salary was increased to \$5400 per annum in Grade GS-11.

On 5-5-50 he was designated Resident Agent at East St. Louis, Illinois.

On 3-31-50 SAC Poster rated him VERY GOOD and said he had shown a successful amount of force and aggressiveness to carry out any of his Bureau duties. He had shown a good investigative sense and followed through on his investigations without undue supervision. He performed about an average volume of work and in general appeared to understand the Bureau's desires and rules and regulations. His paper work had been uniformly good and needed but a minimum of supervision. He was an excellent dictator and was available for general or special assignment at any time. His firearms scores were about average for an Agent of his experience and he could be used on a dangerous assignment. The SAC was satisfied with his progress and believed he would continue to progress.

He attended In-Service Training from 7-3-50 to 7-14-50.

During an inspection of the Springfield Office in June 1950, Inspector Carlson said he agreed with the SAC that Threadgill made a fine appearance and was well-liked generally. He appeared to be intelligent and with application should continue to progress.

On 8-20-50 he received a Uniform Promotion to \$5600 per annum in Grade GS-11.

On 11-10-50 SAC Poster rated him VERY GOOD and said he made a good impression on those with whom he came in contact, was well-liked by personnel of that office and had shown a cooperative attitude. He had displayed a sufficient amount of force and aggressiveness to carry out his duties as a Bureau Agent. He accepted and discharged responsibility with a minimum of supervision. He was criticized for permitting some of the more important cases assigned to him to become delinquent while he was handling current routine matters. He accepted this criticism very well and had corrected this situation and had evaluated his work well and handled it accordingly. It was also necessary to bring to his attention a rough draft report submitted by him in the case of [REDACTED], that was unsatisfactory. He had from time to time failed to properly recharge serials. He was amenable to criticism, accepted it in the proper manner and corrected delinquencies pointed out to him. He was rated from very good to excellent in dictation and was an excellent witness. He could function on dangerous assignments and his SAC believed that with application to his work he would develop into a better than average Agent. On 11-30-50 he was transferred to Anchorage and by letter dated 12-9-50, he was advised that he would receive a 25% cost of living allowance.

His overtime for October 1950 was 2 hours 57 minutes, for November 2 hours 15 minutes, and for December 2 hours 4 minutes. The office average for the Springfield Office for October was 1 hour 37 minutes, for November 2 hours the office average for the Anchorage Office for December was 2 hours 39 minutes.

By memorandum dated 2-26-51 he was considered for reallocation to Grade GS-12; however, he was passed over to be reconsidered at a later date.

On 3-31-51 SAC Williams rated him SATISFACTORY and stated he was available for assignment anywhere the Bureau saw fit to send him. He made an excellent appearance, had a very pleasing personality that enabled him to meet the public well, made friends with law enforcement agents and also enabled him to work with fellow employees. He handled a large volume of work with a minimum amount of supervision, his reports were well written, indicating attention to detail and important objectives. He was rated excellent and very good in dictation. He was capable of handling raids, surveillances and other matters involving personal danger. He had exhibited initiative, forcefulness, ambition and a desire to progress in Bureau service. He was an asset to the Bureau and loyal to it. He was rated in the upper bracket of Satisfactory.

During inspection of the Anchorage Office, April, 1951, Inspector Naughten said he made an excellent impression, he had a serious attitude toward his work, was mature and had a positive personality. It was felt that he had potential for future advancement and he was now obtaining excellent experience to broaden him. On 5-13-51 he was reallocated to Grade GS-12, \$6400 per annum.

As the result of a basic salary increase effective 7-8-51, his salary was increased to \$7040 per annum in GS-12.

On 3-31-52 SAC Williams rated him SATISFACTORY and said he handled a large volume of work with very little supervision. This man was ambitious to progress in the Bureau service and had the force, initiative and aggressiveness necessary to do this. It was believed that he had administrative ability which should be developed.

His daily average overtime for March, 1952 was 2 hours 2 minutes plus 11 minutes travel overtime.

On 4-19-52 the SAC submitted his name in connection with the Personnel Advancement Program and added he had shown a definite flair for liaison work and it was felt that his capabilities in this regard should be developed and utilized. It was felt that he would function quite well as a supervisor at the Seat of Government, and particularly in a liaison capacity. He was being recommended for consideration in that regard.

He attended In-Service Training from 7-28-52 to 8-8-52.

His daily average overtime for August, 1952 was 2 hours 4 minutes.

On 11-9-52 he received a Uniform Promotion to \$7240 per annum in GS-12.

On 11-14-52 he was transferred to the San Francisco Office and on his transfer report SAC Williams rated him SATISFACTORY.

On 3-31-53 SAC Brown rated him SATISFACTORY and said he possessed above average appearance. He appeared to be in good physical health and the SAC would not hesitate to utilize him on raids and dangerous assignments as a participant, under supervision. He possessed an excellent attitude toward his work. He was definitely mature and emotionally stable, and was able to get results. For this reason the SAC felt that he definitely had latent administrative capabilities and he was progressing in a very satisfactory manner.

His daily average overtime for April, 1953 was 1 hour 47 minutes.

On 3-31-54 SAC Whelan rated him SATISFACTORY and said since his assignment to the Security-C Squad, he had learned how to conduct security investigations and how to report them in conformity with Bureau standards. In this respect the supervisory staff noted that the first security index summary report prepared by him was the best first report produced by any Agent newly assigned to the Security Squad.

On 5-9-54 he received a Uniform Promotion to \$7440 per annum in GS-12.

Memorandum dated 5-24-54 reflected that he was available for special and general assignment.

On 2-14-55 he was designated Resident Agent at Oakland.

His daily average overtime for February, 1955, was 1 hour 50 minutes.

On 3-13-55 he received a basic salary increase to \$8000 per annum in GS-12.

On 3-31-55 SAC Whelan rated him SATISFACTORY and said he was assigned to the Security-C Squad. He had been assigned to conducting security investigations, attempting to develop informant coverage, and to handling existing informants in the East Bay region of the Communist Party. He developed a potential security informant during July, 1954 and also in August, 1954, a security informant in October, 1954, and a confidential source in December, 1954. His investigations were complete and thorough, and his reports were generally above average. He was capable of conducting complicated investigations with average supervision. He was interested in advancement and could be considered for advancement on a long-range basis.

His daily average overtime for March, 1955, was 2 hours 7 minutes.

In connection with the Bureau's Personnel Advancement Program, the SAC advised on 4-14-55 that it was his observation that SA Threadgill willingly accepted any assignment given to him and did a very thorough job on his assignments. He had been recommended for training as an Inspector's Aide. He was interested in advancing in the Bureau's service and could be considered for such advancement on a long-range basis.

His daily average overtime for April, 1955, was 1 hour 49 minutes.

He attended Security In-Service Training from 4-25 to 5-4-55.

(By memorandum dated 5-11-55 his SAC was advised that he had been trained as an Inspector's Aide and was qualified to assist Inspectors on regular inspections.

His daily average overtime for May, 1955, was 1 hour 55 minutes; June, 2 hours 18 minutes; July, 1 hour 48 minutes; and for August, 2 hours 50 minutes.

During an inspection of the San Francisco Office in September, 1955, Inspector Buys said that he intended to make Bureau work his career and was interested in advancement along supervisory and administrative lines. He made a mature, businesslike appearance, and was well versed on local, national, and international current events. This Agent said his only weakness was in public speaking and he was attempting to correct this by regular appearances before church groups. He appeared to be capable of

supervising work of other agents. The Inspector recommended that SA Threadgill be considered for additional responsibilities when possible.

His daily average overtime for September, 1955, was 1 hour 59 minutes; and for October, 2 hours 2 minutes.

On 11-6-55 he received a Uniform Promotion to \$8215 per annum in GS-12. By memorandum dated 11-22-55 Inspector W. W. Wood said that this Agent assisted in an inspection of the Butte and Salt Lake City Offices. He had shown adequate initiative and ability to probe for weaknesses in handling his inspection assignment, his paper work was satisfactory, and he handled his special assignments satisfactorily. It was felt he benefited considerably from his first inspection assignment and that he had a better understanding of administrative duties. With further inspection assignments it was believed he may develop, and he was considered to have about average potential for advancement. It was recommended that he continue as Inspector's Aide.

His daily average overtime for November, 1955, was 2 hours 29 minutes; December, 2 hours 15 minutes; January, 1956, 1 hour 50 minutes; and for February, 2 hours 18 minutes.

On 3-31-56 SAC Whelan rated him SATISFACTORY and said he was available for general and special assignments, he had no physical limitations, and had the ability to participate in raids and dangerous assignments. He was a capable Agent and his work took no more than average supervision. It was believed he had the ability to handle complicated investigations with average supervision. He was qualified as an Inspector's Aide. He had developed 3 Potential Security Informants and 1 informant, and he had participated in the development of 2 highly confidential sources of information which sources furnished considerable information of value which could not have been obtained through any other means. In the past he had testified on numerous occasions in a satisfactory manner. He was interested in administrative advancement and the SAC believed he appeared capable of consideration on a long range basis.

His daily average overtime for March, 1956, was 2 hours 11 minutes; April, 1 hour 44 minutes; and for May, 1 hour 55 minutes.

By memorandum dated 6-7-56 his SAC recommended that this Agent be considered for reallocation to Grade GS-13.

On 6-17-56 he was PROMOTED to Grade GS-13, \$8990 per annum. His daily average overtime for June, 1956, was 2 hours 5 minutes; July, 2 hours; and August, 2 hours 2 minutes.

By memorandum dated 9-20-56 Inspector J. E. Edwards advised that this Agent had assisted in an inspection of the Salt Lake City and Seattle Offices.

This Agent handled a very good volume of work and the quality of his presentations was entirely satisfactory. He displayed a very practical and sound approach, and was thoroughly cooperative, energetic, and alert. He was available for general or special assignment wherever his services may be needed and he was interested in advancement in the Bureau along administrative lines. The Inspector stated that he needed more seasoning but should continue to progress.

His daily average overtime for September, 1956, was 2 hours 58 minutes; October, 1 hour 45 minutes; November, 1 hour 53 minutes.

By letter dated 11-7-56 he was awarded a CASH AWARD in the amount of \$150.00 in recognition of his exceptionally skilled services in the development of several highly confidential sources of information pertaining to internal security matters.

His daily average overtime for December, 1956, 1 hour 48 minutes.

During an inspection of the San Francisco Office, January, 1957, he received a substantive write-up in connection with a Security Matter case for failure to verify the subject's residence and to thereafter submit this information to the Bureau. No further action was taken concerning SA Threadgill.

His daily average overtime for January, 1957, 2 hours 14 minutes; February, 2 hours 3 minutes; March, 1 hour 43 minutes.

On 3-31-57 SAC H. G. Foster rated him SATISFACTORY and stated he was available for general and special assignments. He was assigned to the Security-C Squad and was a Resident Agent in Oakland, California, and more specifically conducted security investigations in Berkeley, California. He was a capable agent, his work took no more than average supervision and he had done an outstanding job on physical surveillances. He was available for and interested in administrative advancement, and could be considered suitable for advancement on a long range basis with additional Resident Agency experience.

His daily average overtime for April, 1 hour 31 minutes; May, 1 hour 50 minutes; June, 1 hour 52 minutes; July, 1 hour 40 minutes.

By letter dated 7-21-57 he received the Bureau's Ten-Year Service Award Key. On 9-16-57 he assumed the duties of Resident Agent at Berkeley, California. His daily average overtime for August, 1 hour 51 minutes; September, 1 hour 56 minutes; October, 1 hour 45 minutes; November, 1 hour 44 minutes.

Memorandum 11-7-57 reflected he had assisted Inspector Teague in the inspection of the Denver Office. He made a review of the general security-

type files. The review reflected that he made a probing analysis and together with one of the other aides assisted in the preparation of a survey of security work. He assisted in other administrative checks in the office, reflecting that he had good judgment and a good knowledge of Bureau procedures. Inspector's opinion was that Threadgill was best suited for investigative work.

On 12-15-57 he received a Uniform Promotion to \$9205 per annum in GS-13.

His daily average overtime for December, 1957, 1 hour 42 minutes.

On 1-12-58 he received a Basic Salary Increase to \$10,130 per annum in GS-13.

His daily average overtime for January, 1958, 2 hours 16 minutes; February, 1 hour 50 minutes; March, 2 hours 12 minutes.

On 3-31-58 SAC W. W. Burke rated him EXCELLENT and stated he was available for general and special assignments, had the ability to participate in raids and dangerous assignments and was assigned to the Security-C Squad and was a Resident Agent at Oakland, California, until September, 1957, at which time he was transferred to the Berkeley Resident Agency. He had the ability to handle complicated investigative matters with average supervision. He was available for and interested in administrative advancement and could be considered suitable for advancement on a long range basis.

His daily average overtime for April, 1 hour 48 minutes; May, 2 hours 9 minutes.

During an inspection of the San Francisco Office, May, 1958, Inspector A. S. Brent stated he made an excellent appearance, had a businesslike personality and his assignments consisted of Security Matter -C cases which were found to be in excellent shape. It was recommended that he be continued in his present position.

His daily average overtime for June, 2 hours 4 minutes; July, 2 hours 16 minutes; August, 2 hours 1 minute; September, 2 hours 12 minutes; October, 2 hours 26 minutes; November, 2 hours 4 minutes; December, 2 hours 28 minutes; January, 1959, 2 hours 12 minutes; February, 2 hours 1 minute; March, 1 hour 42 minutes.

On 3-31-59 SAC W. W. Burke rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informants in the area covered by his Resident Agency. All of his assignments were handled in an excellent manner.

He had demonstrated his ability to handle complicated investigative matters with average supervision. He was not interested in administrative advancement.

(On 4-21-59 he was removed as an Inspector's Aide inasmuch as he was no longer interested in administrative advancement.

His daily average overtime for April, 2 hours 6 minutes; May, 1 hour 55 minutes; June, 2 hours 16 minutes.

On 6-14-59 he received a Uniform Promotion to \$10,370 per annum in GS-13.

His daily average overtime for July, 1 hour 44 minutes; August, 2 hours 21 minutes.

He attended Security In-Service Training 8-24-59 to 9-4-59.

His daily average overtime for September, 2 hours 8 minutes; October, 2 hours 2 minutes.

During an inspection of the San Francisco Office, October, 1959, Inspector Nugent stated he made a very good appearance and was definitely well qualified for his assignment as Resident Agent. He produced an above average volume of work, his time in the office was below the office average, and his voluntary overtime was about average. He was in his office of preference, had no problems, and was not interested in administrative advancement. He was completely available for general or special assignments and it was recommended that he be continued in his present assignment.

His daily average overtime for November, 2 hours 27 minutes; December, 1 hour 46 minutes; January, 1960, 1 hour 45 minutes; February, 2 hours 19 minutes; March, 2 hours 20 minutes.

On 3-31-60 SAC Auerbach rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. He had been very successful in pretext interviews in the course of his investigations. All of his assignments had been performed in an excellent manner. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 20 minutes; May, 2 hours 43 minutes; June, 2 hours 52 minutes; July, 2 hours 2 minutes.

On 7-10-60 he received a Basic Salary Increase to \$11,155 per annum in GS-13.

His daily average overtime for August, 2 hours 2 minutes; September, 2 hours 14 minutes; October, 2 hours 37 minutes.

During an inspection of the San Francisco Office, October, 1960, Inspector R. K. Moore stated he presented an excellent appearance, was mature, and had a fine attitude toward the Bureau. He was well poised and gave every indication of knowing what he was doing in the investigative field. He was adequately sharing in the work load of the office. He had 35 cases assigned to him and during the past three months was above average in closing cases. He was below the office average in overtime during the past three months, and this was discussed with him. He manifested an excellent attitude and indicated he would share more fully along these lines. He was available for general and special assignment and was not interested in administrative advancement. For this reason, the best interests of the Bureau would be served by maintaining him in the investigative field.

His daily average overtime for November, 2 hours 6 minutes; December, 2 hours 31 minutes.

On 12-11-60 he received a Uniform Promotion to \$11,415 per annum in GS-13.

His daily average overtime for January, 1961, 2 hours 27 minutes; February, 3 hours; March, 2 hours 20 minutes.

On 3-31-61 SAC Auerbach rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. These investigations were most delicate and demanded the exercise of excellent judgment and ingenuity. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 45 minutes; May, 2 hours; June, 2 hours 29 minutes; July, 2 hours 44 minutes; August, 2 hours 37 minutes; September, 3 hours 18 minutes; October, 2 hours 46 minutes; November, 2 hours 15 minutes; December, 2 hours 34 minutes.

On 12-18-61 his SAC advised he would be utilized on weekend, holiday and night-duty assignments in the San Francisco Office unless advised to the contrary by the Bureau.

His daily average overtime for January, 1962, 1 hour 56 minutes; February, 2 hours 19 minutes; March, 1 hour 56 minutes.

On 3-31-62 SAC F. L. Price rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. In these investigations he had demonstrated his ability to handle complicated investigative matters with a minimum of supervision. He had done an outstanding job in securing photographs of security subjects, often times under very difficult circumstances. He had also shown outstanding resourcefulness in conducting pretext interviews. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 9 minutes; May, 2 hours 23 minutes; June, 2 hours 18 minutes.

On 6-10-62 he received a Uniform Promotion to \$11,675 per annum in GS-13.

His daily average overtime for July, 1 hour 47 minutes; August, 2 hours 18 minutes; September, 2 hours 17 minutes; October, 2 hours 2 minutes.

On 10-14-62 he received a Basic Increase to \$12,610 per annum in GS-13.

His daily average overtime for November, 2 hours 6 minutes; December, 1 hour 59 minutes; January, 1963, 2 hours 33 minutes; February, 2 hours 30 minutes.

On 3/31/63 he received a rating of EXCELLENT with comments stating he had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. He was not interested in administrative advancement.

His overtime for March, 2 hours 15 minutes; April, 2 hours 49 minutes; May, 2 hours 1 minute.

By letter dated 6/3/63 he was COMMENDED through the SAC, along with others, for his participation in such an excellent fashion in an operation of considerable value to the Bureau in the security field. (Re: Progressive Youth Organizing Committee, Internal Security-C)

His overtime for June, 2 hours 19 minutes; July, 1 hour 54 minutes.

He attended Advanced Security In-Service from 8/19/63 to 8/30/63.

His overtime for August, 1 hour 57 minutes; September, 1 hour 47 minutes; October, 2 hours 22 minutes; November, 2 hours 2 minutes; December, 1 hour 55 minutes.

On 1/5/64 he received a Basic Salary Increase to \$13,265 per annum in Grade GS-13.

His overtime for January, 1964, 2 hours 29 minutes; February, 3 hours 12 minutes.

On 3/31/64 he received a rating of EXCELLENT with comments stating he had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. He had done an excellent job in connection with the informant program. He was not interested in administrative advancement.

His overtime for March, 2 hours 12 minutes; April, 2 hours 25 minutes; May, 2 hours 31 minutes.

On 6/7/64 he received a Within-Grade Increase to \$13,650 per annum in Grade GS-13.

His overtime for June, 2 hours 47 minutes.

On 7/5/64 he received a Basic Salary Increase to \$14,175 per annum in Grade GS-13.

His overtime for July, 2 hours 7 minutes; August, 2 hours 59 minutes; September, 1 hour 40 minutes; October, 1 hour 55 minutes; November, 1 hour 57 minutes; December, 2 hours 37 minutes; January, 1965, 2 hours 17 minutes; February, 2 hours 42 minutes.

On 3/31/65 he received a rating of EXCELLENT with comments stating he had a very pleasant personality and was very well-regarded by his fellow employees and the general public. He had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad and was a Resident Agent at Berkeley, California. He had specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters. Most of his assignments had to do with individuals who had some connection with the University of California. He had displayed his ability to handle complicated investigative matters with a minimum of supervision. He was not interested in administrative advancement.

His overtime for March, 2 hours 27 minutes; April, 2 hours 14 minutes; May, 2 hours 27 minutes; June, 2 hours 15 minutes; July, 3 hours 22 minutes.

By letter dated 8/27/65 he was advised that his headquarters were being changed from Berkeley, California to Monterey, California as a Resident Agent.

His overtime for August, 2 hours 45 minutes.

On 9/13/65 he ARRIVED at the Monterey, California, Resident Agency.

His daily average overtime for September, 1965, 2 hours 2 minutes.

On 10/10/65 he received a Basic Increase to \$14,685 per annum in GS-13.

His daily average overtime for October, 1965, 2 hours 19 minutes; November, 2 hours 19 minutes; December, 2 hours 33 minutes; January, 1966, 2 hours 32 minutes; February, 2 hours 44 minutes.

On 3/31/66 he received a rating of EXCELLENT with comments stating he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. Since 9/13/65 he has been assigned to the Monterey, California Resident Agency where he was assigned to the Selective Service-Theft from Interstate Shipment Squad. He was aggressive where necessary and had demonstrated the ability to handle the most complicated cases with a minimum of supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1966, 2 hours 16 minutes; April, 2 hours 22 minutes; May, 2 hours 14 minutes.

On 6/5/66 he received a Within-Grade Increase to \$15,120 per annum in Grade GS-13.

His daily average overtime for June, 1966, 1 hour 47 minutes.

On 7/3/66 he received a Basic Increase to \$15,561 per annum in GS-13.

His daily average overtime for July, 1966, 2 hours 5 minutes; August, 1 hour 47 minutes.

During an Inspection of the San Francisco Office in September, 1966, O. T. Jacobson, of the Inspection Staff, stated he was a devoted, loyal employee, conscientious toward his work, and carried an above-average case load. Although available for general or special assignment he was not interested in administrative advancement, preferring to lend his talents to investigative work solely for which he was well suited.

His daily average overtime for September, 1966, 2 hours 9 minutes.

By letter dated 10/7/66 he was CENSURED inasmuch as there was an unreasonable delay on his part in handling a pertinent interview in connection with the Selective Service Act case involving [REDACTED].

His daily average overtime for October, 1966, 2 hours 47 minutes; November, 2 hours 17 minutes; December, 2 hours 21 minutes; January, 1967, 2 hours 26 minutes; February, 2 hours 15 minutes.

On 3/17/67 he was designated Alternate Senior Resident Agent at Monterey, California.

On 3/31/67 he received a rating of EXCELLENT with comments stating he was assigned to the SSA-Theft from Interstate Shipment Squad. Approximately 60% of his assignments were in the security-accounting type classifications. He had demonstrated the ability to handle the most complicated cases with a minimum of supervision. His participation in the Informant Program was considered excellent and he was a competent witness. He was not interested in administrative advancement.

His daily average overtime for March, 1967, 2 hours 16 minutes; April, 2 hours 35 minutes; May, 2 hours 31 minutes; June, 2 hours 22 minutes.

By letter dated 7/21/67 he received his TWENTY-YEAR SERVICE AWARD KEY.

His daily average overtime for July, 1967, 2 hours 24 minutes; August, 2 hours 35 minutes; September, 2 hours 31 minutes.

On 10/8/67 he received a Basic Increase to \$16,207 per annum in GS-13.

His daily average overtime for October, 1967, 2 hours 40 minutes; November, 2 hours 42 minutes; December, 2 hours 34 minutes; January, 1968, 2 hours 10 minutes; February, 2 hours 12 minutes.

On 3/31/68 he received a rating of EXCELLENT with comments stating he handled security and racial matters, and Selective Service cases in the Monterey Resident Agency and assisted where needed on Applicant and Criminal cases. He was an experienced Agent and well able to handle complicated investigative matters and required little supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1968, 2' 26"; April, 2' 30"; May, 2' 9".

By letter dated 5/31/68 he was COMMENDED through the SAC along with the personnel in the San Francisco Division who performed so ably during an operation relative to a Kidnaping case involving an unknown subject. (Re Unknown Subject; [REDACTED] - Victim; Kidnaping; Extortion)

He attended In-Service training in Advanced Security Communist Matters from 5/27/68 to 6/7/68.

b6

On 6/11/68 the Director met with him and his family and a photograph was taken to commemorate the occasion. The photograph was mailed to him on 6/12/68.

His daily average overtime for June, 1968, 2' 38".

On 7/14/68 he received a Basic Increase to \$17,289 per annum in GS-13.

His daily average overtime for July, 1968, 2' 24"; August, 2' 10"; September, 2' 18"; October, 2' 23"; November, 2' 35"; December, 2' 22"; January, 1969, 2' 30"; February, 2' 43".

On 3/31/69 he was rated EXCELLENT and comments reflected that he was a very experienced, capable Agent who had excellent outlook on his work. He was conscientious, enthusiastic, and had demonstrated his ability to handle the investigation and reporting of complex matters with a minimum of supervision. He had willingly accepted new responsibility and had equitably shared in the workload and overtime for the Monterey Resident Agency. He was not interested in administrative advancement.

His daily average overtime for March, 1969, 2' 48"; April, 2' 30"; May, 2' 37".

On 6/1/69 he received a Within Grade Increase to \$17,769 per annum in GS-13.

His daily average overtime for June, 1969, 2' 23".

On 7/13/69 he received a Basic Increase to \$19,501 per annum in GS-13.

His daily average overtime for July, 1969, 2' 31".

By letter dated 8/25/69 he was COMMENDED through the SAC along with those agents in the San Francisco Division who participated so capably in the investigation of the Unlawful Flight to Avoid Prosecution case involving [REDACTED].

His daily average overtime for August, 1969, 2' 30"; September, 2' 10"; October, 2' 30"; November, 2' 32".

On 12/28/69 he received a Basic Increase to \$20,673 per annum in GS-13.

His daily average overtime for December, 1969, 2' 27"; January, 1970, 2' 9"; February, 2' 26".

On 3/31/70 he was rated EXCELLENT and comments reflected that he was a loyal, dedicated employee who had continually displayed good judgment, initiative, and aggressiveness in handling his investigative assignments with a minimum of supervision. He was conscientious, readily accepted new responsibilities, and willingly shared in the workload and overtime of the Resident Agency. He was not interested in administrative advancement.

His daily average overtime for March, 1970, 2' 30"; April, 2' 12"; May, 2' 48"; June, 2' 31"; July, 2' 7"; August, 2' 41"; September, 2' 43"; October, 2' 8"; November, 2' 32"; December, 2' 13".

On 1/10/71 he received a Basic Increase to \$21,905 per annum in GS-13.

His daily average overtime for January, 1971, 2' 27"; February, 2' 6".

On 3/31/71 he was rated EXCELLENT and comments reflected that he was noteworthy for his dependability, judgement, and willingness to share the work load. He was able to sustain an above-average case load and so plan as to have low delinquency. He was not interested in administrative advancement.

His daily average overtime for March, 1971, 2' 32"; April, 2' 4"; May, 2' 56"; June, 2' 23"; July, 2' 26"; August, 2' 30"; September, 2' 13"; October, 2' 31"; November, 2' 13"; December, 2' 14".

On 1/9/72 he received a Basic Increase to \$23,112 per annum in GS-13.

By letter dated 1/20/72 he was designated Senior Resident Agent at Monterey, California. He assumed responsibility of the position on 3-14-72.

His daily average overtime for January, 1972, 2' 55"; February, 2' 31".

On 3/31/72 he was rated EXCELLENT and comments reflected that he was Alternate Senior RA at Monterey until 1/20/72 when he was designated Senior RA. He was particularly well qualified for this assignment because of his superior judgment, willingness to assume responsibility, and forcefulness to dominate when the situation warrants. He was particularly knowledgeable of duties and procedures and could get the work done. His personality exhibits a consistency of sincerity and self-control. He was assigned work in the security field but the major part of his assignment was the responsibility for the agents assigned to the Monterey Language School. He was interested in, completely available for, and was considered to have excellent qualifications for administrative advancement.

His daily average overtime for March, 1972, 2' 33"; April, 2' 21"; May, 2' 14".

On 5-28-72 he received a Within-Grade Increase to \$23,737 per annum in GS-13.

His daily average overtime for June, 1972, 2' 07"; July, 1' 49".

On 7-9-72 he was PROMOTED to Grade GS-14, \$25,620 per annum in the position of Supervisory Special Agent.

By letter dated 7-21-72 he received his Twenty-five-Year Service Award Key.

His daily average overtime for August, 1972, 2' 07"; September, 1' 57"; October, 1' 57".

On 10-1-72 he received a Basic Increase to \$26,938 per annum in GS-14.

On 3-31-73 he was rated EXCELLENT with comments that he was particularly well qualified for the assignment of Senior Resident Agent at Monterey, California, due to his superior judgment, willingness to assume responsibility, and his forcefulness. He was the Supervisory Special Agent for those Agents attending the Defense Language Institute, Monterey, and also handled some security and criminal investigative matters. He was an above-average Agent and handled all his duties in an outstanding manner. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

On 10-14-73 he received a Basic Increase to \$28,287 per annum in GS-14.

On 12-3-73 he was forwarded an autographed color photograph of Mr. Kelley in accordance with his request.

On 3-31-74 he was rated EXCELLENT with comments that he was a "can do" individual with an outstanding attitude and who was extremely capable in the supervision of the students at the Defense Language Institute in addition to administrating the Resident Agency. He was an affable, willing individual who had exhibited qualities of industriousness, reliability, and enthusiasm. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

On 7-7-74 he received a Within-Grade Increase to \$29,095 per annum in GS-14.

On 10-13-74 he received a Basic Increase to \$30,699 per annum in GS-14.

On 3-31-75 he was rated EXCELLENT with comments that he had an outstanding attitude. He was an affable, willing individual who exhibited qualities of industriousness, reliability, and enthusiasm. He handled the most complicated matters with no supervision. He was interested in and available for, and considered to have excellent qualifications for administrative advancement.

By letter dated 5-19-75 he was CENSURED for his failure to bring information regarding a possible embarrassing situation involving two Bureau employees to the attention of his superiors in accordance with established Bureau procedures.

On 10-12-75 he received a Basic Increase to \$32,231 per annum in GS-14.

FBI PERSONNEL STATUS FORM

TO: DIRECTOR, FBI

(Please type or print clearly)

DATE

2/1/76

MY STATUS WITH RESPECT TO THE ITEMS BELOW IS AS FOLLOWS:

(A) NAME: (Last, first, middle - as it appears on Bureau Rolls) THREADGILL, BURNIE JR. (B) DATE OF BIRTH 10/28/21 (C) SOCIAL SECURITY NUMBER 426-14-1799

(D) MARITAL STATUS: ☐ SINGLE ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOW ☐ WIDOWER

SPOUSE: NAME (maiden if female) [REDACTED] AGE [REDACTED]

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

NONE

(E) NAMES OF YOUR IMMEDIATE RELATIVES: (if deceased, so state) (use supplemental sheet if necessary)

1. CHILDREN, STEPCHILDREN, THEIR SPOUSES RELATIONSHIP AGE RESIDENCE (City and State) (if known)

2. PARENTS (including foster parents, stepparents, guardian, etc.), BROTHERS, SISTERS & THEIR SPOUSES RELATIONSHIP AGE (if known) RESIDENCE (City and State) (if known)

BURNIE THREADGILL, SR FATHER DECEASED

ROSIE SMITH THREADGILL MOTHER 80 GREENWOOD, MISS

ROSELYN T. DABBS SISTER 50 QUITMAN, MISS

HAL N. DABBS BROWN 49 QUITMAN, MISS

LAW

3. YOUR SPOUSE'S PARENTS, BROTHERS & SISTERS RELATIONSHIP AGE (if known) RESIDENCE (City and State) (if known)

FRED A. KENCIL FATHER DECEASED

LUELLA GREENMAN KENCIL MOTHER 81 CARMEL-CA

7-NOT RECORDED
1 FEB 20 1976

46

3mif

(OVER)

1 SEP 83 1216

b6

(F) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW OR PREVIOUSLY EMPLOYED BY THE FBI:

NAME	EXACT RELATIONSHIP	PRESENT EMPLOYEE	FORMER EMPLOYEE

(G) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW IN GOVERNMENT SERVICE: (excluding FBI)

NAME	EXACT RELATIONSHIP	GOVERNMENT AGENCY WHERE EMPLOYED

(H) ORGANIZATIONS: ALL EMPLOYEES list all organizations to which you presently belong - do not abbreviate. ONLY SPECIAL AGENTS list former membership in Boy Scouts (indicating exact rank attained) and affiliation with fraternal, honorary or professional groups while in college. NON-AGENTS need not list former memberships at any time.

NAME	PRESENT (All Employees)	FORMER (Agents Only)	CITY AND STATE
CARMEL ROTARY	✓		CARMEL - CA
ALPHA TAU OMEGA		✓	MISS. STATE UNIV.
BOY SCOUTS (STAR)		✓	WINDONA - MIS
TROOP 32 BOY SCOUT COMM. HEE.	✓		CARMEL - CA

(I) CURRENT SCHOOL ATTENDANCE STATUS (NON-AGENTS only): ARE YOU ATTENDING COLLEGE, OR ANY OTHER TYPE OF SCHOOL? ☒ NO ☐ YES. INDICATE NAME OF INSTITUTION AND SUBJECTS IN WHICH ENROLLED.

(J) PERSON TO BE N

NAME

RELATIONSHIP

WIFE

STREET ADDRESS

CITY AND STATE

CARMEL - CA

ZIP CODE

93921

(Signature)

Burney L. Smith

(Title)

SA

(Please type or print)

Name (As it appears on Bureau rolls) Burney Threadgill, Jr.		Date 8/2/60
Check one: SA <input checked="" type="checkbox"/> SAA <input type="checkbox"/>	Date of Birth 10/21/28	EOD 7/21/47

Education

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College Mississippi State College State College, Mississippi		'39	'42	Major Bus. Adm. BS degree Minor
Graduate School Georgetown University Washington, D.C.		'46	'47	18 hours on Masters in Major Foreign Service Minor
Miscellaneous or Special Schools (Include Vocational and Radio Schools)				

List all college courses studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours

BARS: Federal _____ Year _____ State _____ Year _____ CPA (State) _____ Year _____
Other _____

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken	
						Yes	No

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> NOT RECORDED 7 AUG 31 1960 </div>			

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
Department of State, Washington D.C. Part time clerk while in school at Georgetown		fall 1946

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

Foreign Travel

List all foreign countries you have traveled in; in what capacity, and period there.

Jan. 1946 until Aug. 1946 in US Army in France

Military Training

Active duty: Branch Army Dates of Service 1943-45 Rank 1st Sgt.
Specialized Military Training _____

Are you interested in Foreign Assignment? ☐ Yes ☒ No Location desired _____
Typing ability _____ W.P.M. Have you passed Bureau test? ☐ Yes ☒ No
Shorthand ability _____ W.P.M. Have you passed Bureau test? ☐ Yes ☒ No
Name of Shorthand system you use _____

Practical Experience in Radio

(State degree of proficiency and length of time spent)
Amateur Radio _____ Licenses Held _____
Commercial Radio Operator _____
Radio, Television or Sound Repairman or Technician _____
Experimenter or other _____
International Morse Code: Transmit _____ W.P.M. Receive _____ W.P.M.
Technical Knowledge of any Electronic Devices _____

Miscellaneous

List any other information, qualifications and accomplishments.

J. JONES OF GEORGETOWN

OFFICE OF THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

100-15

100-15

RECEIVED

RECEIVED

RECEIVED



Burney Threadgill, Jr.

BURNEY THREADGILL, JR.

230 AUG

1949

AUG

1949



Thomas Eggle

Bunny
Threadgill,



7-1-58



Burney Throsgiel

JUL

1952



May 11



Burney Threadgill, Jr.

JUL 1 1951

3



BURNEY THREADGILL

7-5-61



THREADGILL BURNEY JR

8-64



THREAD GILL BURNEY JR

JAN 1968



B. Threadgill

移移并霍新新楚慈自慈在在在

Burney Threadgill, Jr.
3/71



FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
APPLICATION FOR EMPLOYMENT

FD-140

DIRECTOR,
FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

2214 Hall Place, N.W.

Washington, D.C., 19

23 May 1947

Sir:

I hereby make application for employment in the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent (Investigator)	<input checked="" type="checkbox"/>	**
Special Agent (Accountant)	<input type="checkbox"/>	**
Stenographer	<input type="checkbox"/>	
Typist	<input type="checkbox"/>	
Translator	<input type="checkbox"/>	
Messenger	<input type="checkbox"/>	**
Laboratory Technician*	<input type="checkbox"/>	**
Student Fingerprint Classifier	<input type="checkbox"/>	
Clerk	<input type="checkbox"/>	

(This application should be typewritten if possible) (Indicate by check)

1. Name in full (please print) Threadgill Burney, Jr. (none)
(Family name) (Given name) (Middle name)

(a) Female applicants must furnish maiden name

2. Legal Residence 309 East Market Street, Greenwood, Mississippi

3. Mail and telegraphic address Greenwood, Mississippi Phone No. 1251 J

4. Complete date of birth 28 Oct 1921 Weight 155 Height 5'9"

5. Place of birth Biloxi Harrison Mississippi
(City) (County) (State)

6. (a) Father's name Burney Threadgill (b) Father's birthplace Mississippi

(c) Present address Greenwood, Miss. (d) If foreign born, is he a citizen?

(e) Date and place of naturalization

7. (a) Mother's name Rose S. Threadgill (b) Mother's birthplace Mississippi

(c) Present address 309 E. Market St. (d) If foreign born, is she a citizen?

(e) Date and place of naturalization

8. Brothers University, Mississippi
(Complete names, birthplaces and present addresses)

9. Sisters Roselyn Annette Threadgill
University, Mississippi
(Include married names, birthplaces and present addresses)

10. If you were not born in United States, how long have you lived here?

11. Are you a citizen of the United States? Yes

12. If naturalized, date and place of naturalization

13. Are you single, married, widowed, separated, or divorced?

14. (a) Maiden name of wife (b) Wife's birthplace

(c) Present address (d) If foreign born, is she a citizen?

(e) Date and place of naturalization

15. (a) Husband's complete name (b) Husband's birthplace

(c) Present address (d) If foreign born, is he a citizen?

*Specify exact title of position sought as Laboratory Technician.

**Positions of Special Agent (Law Trained), Special Agent (Accountant), Laboratory Technician, and Messenger for male applicants only.

See details on separate description sheets which will be furnished on request.

67-420376-1
Searched <u>12</u>
Numbered <u>14</u>
Filed <u>8</u>
Singl JUN 4 1947
FEDERAL BUREAU OF INVESTIGATION

- (e) Date and place of naturalization _____
16. (a) Father-in-law's name _____ (b) Birthplace _____
 (c) Present address _____ (d) If foreign born, is he a citizen? _____
 (e) Date and place of naturalization _____
17. (a) Mother-in-law's name _____ (b) Birthplace _____
 (c) Present address _____ (d) If foreign born, is she a citizen? _____
 (e) Date and place of naturalization _____
18. Brothers-in-law _____
 (Complete names, birthplaces and present addresses) _____
19. Sisters-in-law _____
 (Complete names, birthplaces and present addresses) _____
20. If your husband (or wife) is employed, state where employed _____
21. Number of children, if any _____
22. Are you entirely-dependent on your salary? Yes _____
23. To what extent are you financially indebted to others and to whom? No debts _____
24. Education: (Please print.) _____

	NAME AND LOCATION OF SCHOOL	FROM—	TO—	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary	Winona City School	1927	1936	
	Winona, Mississippi			
	Name _____			
(b) High school equivalent	Address Greenwood High	1936	1939	Diploma
	Greenwood, Mississippi			
	Name _____			
(c) College or technical *	Address Miss State College	1939	1943	B.S. Degree
	State College, Miss.			
	Name _____			
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing	Graduate School Georgetown University	1946	1947	18 hours on Masters
	Washington, D.C.			
	Name _____			
(e) Miscellaneous *				

25. Give names of clubs, societies, and other similar organizations of which you are a member:
Alpha Tau Omega Social Fraternity

26. Have you been admitted to the Bar, if so specify no
 (Furnish Date and Place) _____
27. Describe any physical defects, including extent of defective vision, if any, with and without _____

* Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

glasses (Shellen) none

28. Health record for the past 3 years (give number of days and nature of serious illness):

No illness within past 3 years.

29. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM—	TO—	ANNUAL SALARY
Name Address	Unemployed at present			
Name Department of State Address Washington, D.C.	clerical	Oct 1946	Dec 1946	\$2168.00
Name The above position Address order to have employment while attending college.	was a part-time, temporary position, in			
Name Inland Distributors Address Box 424 Greenwood, Mississippi	Salesman	Jan 1946	Sept 1946	Commission
Name U.S. Army Address	1st Sgt	April 1943	Jan 1946	
Name Address				
Name Address				
Name Address				
Name Address				

30. Specify any arrests (include traffic arrests) None

31. Specify any arrests of immediate family None to my knowledge

32. Have you ever been a defendant in any court action? No

Specify:

Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women, including your family physician, if you have one, of good standing in the community, and who have known you well during the past 5 or more years. (Please print)

b6

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS.
1. Mr. L.S. Rogers	Greenwood, Miss.	8	Supt. Of Education
2. Mr. W.C. Williams	" "	10	Former Supt. Of Schools
3. Mr. J.S. McBee	" "	7	County Agent

4.

5.

34. Give residence addresses and dates of residence for the past ten years.

2214 Hall Place N.W., Washington D.C. - Sept '46 - present
 Greenwood, Mississippi - Aug. 1936 - Sept '46

35. List the names of any relative now in the Government service, with the degree of relationship, and where employed: None to my knowledge

Names of any friends or acquaintances who are employed in the Federal Bureau of Investigation: _____

36. Give dates and branch of military service, if any, also type of discharge received and basis for it, also military serial number.

April 1943 - Jan 1946 - Infantry - Honorable - 34630481

36a. Do you claim veteran's preference? If so, give basis. YES

Do you now have any service disability? If so, give percentage.

37. What is the lowest entrance salary you will accept? \$3600 per year

38. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? 10 days

39. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes

40. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes

41. Attach unmounted full face photograph not larger than 3 by 4 1/4 inches. Write your name plainly on back of photograph. Photograph to be taken not more than 30 days prior to date of application. (not be considered complete if such photograph not furnished)



Respectfully,

Burney Threadgill
 (Signature of applicant as usually written)

NOTE.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbered in accordance with the original questions.

Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U. S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____

[OFFICIAL IMPRESSION SEAL]

(Signature of officer)

(Official title)

Application will not be considered complete if above jurat not executed.

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from APRIL 1, 1962 to MARCH 31, 1963

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

BB

Rated by:	<u>[Signature]</u>	Supervisor	<u>3/31/63</u>
	Signature	Title	Date
Reviewed by:	<u>[Signature]</u>	SAC	<u>3/31/63</u>
	Signature	Title	Date
Rating Approved by:	<u>[Signature]</u>	Assistant Director	<u>APR 22 1963</u>
	Signature	Title	Date

TYPE OF REPORT

(XX) Official
(XX) Annual

REC-74

67-420376-96	
Administrative	Numbered
() 60-Day	3 APR 17 1963
() 90-Day	
() Transfer	
() Separation from Service	
() Special	

APR 23 1963

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR. Title SPECIAL AGENT, GS-13
Rating Period: from 4/1/62 to 3/31/63

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>✓</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>✓</u> (a) Investigative reports <u>✓</u> (b) Summary reports <u>✓</u> (c) Memos, letters, wires (Consider: <u>✓</u> conciseness; <u>✓</u> clarity; <u>✓</u> organization; <u>✓</u> thoroughness; <u>✓</u> accuracy; <u>✓</u> adequacy and pertinency of leads; <u>✓</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>✓</u> (a) Leadership <u>✓</u> (b) Ability to handle personnel <u>✓</u> (c) Planning <u>✓</u> (d) Making decisions <u>✓</u> (e) Assignment of work <u>✓</u> (f) Training subordinates <u>✓</u> (g) Devising procedures <u>✓</u> (h) Emotional stability <u>✓</u> (i) Promoting high morale <u>✓</u> (j) Getting results |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>O</u> (a) As leader <u>E</u> (b) As participant |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>F</u> (24) Ability to work under pressure. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability _____ |
| <u>✓</u> (10) Accuracy and attention to pertinent detail. | |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Technical or mechanical skills. | |
| <u>E</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>E</u> (b) Criminal or general investigative cases <u>E</u> (c) Fugitive cases <u>E</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>+</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security-C Squad; Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

BG

San Francisco, California

March 31, 1963

ADDENDUM:

Name: BURNEY THREADGILL, JR.
Position: SPECIAL AGENT
Grade: GS-13

PART I. GENERAL COMMENTS

SA THREADGILL has a very warm personality, is well-regarded by his fellow employees and by the public, dresses in a very neat businesslike manner and makes an overall excellent personal appearance. There are no limitations on his availability and there are no physical limitations affecting his performance. He has the ability to participate in raids and dangerous assignments. SA THREADGILL is assigned to the Security-C Squad as a Resident Agent at Berkeley, California.) He has displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency.) In addition to his security assignments, he frequently handles criminal and applicant type cases and these are handled in an excellent manner. Much of SA THREADGILL's work involves the investigation of the Socialist Workers Party and factionalist type individuals who have some connection with the University of California at Berkeley. These investigations are most delicate and demand the exercise of excellent judgment and ingenuity. SA THREADGILL in these investigations has demonstrated his ability to handle complicated investigative matters with a minimum of supervision. SA THREADGILL has done an outstanding job in connection with pretext interviews in and about the boardinghouse area surrounding the University of California campus, where a pretext interview is the only means of obtaining information. SA THREADGILL has also done a most excellent job through his contacts with [redacted]

b7D

[redacted]

In October, 1962, SA THREADGILL was successful in obtaining an applicant who later was accepted as a Special Agent. SA THREADGILL's performance entitles him to a rating of excellent.

Initials

PART II. SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given

Not applicable.

2. Experience and Ability as Inspector's Aide

Not applicable.

b6
b7D

3. Participation in Informant Program

SA THREADGILL has developed one PCI and three PSIs during the rating period. He continues to handle a security informant who is a member of both the Young Socialist Alliance (YSA) and the Socialist Workers Party (SWP). Through careful guidance on the part of SA THREADGILL, the informant has been able to advance to

[REDACTED] SA THREADGILL has done an excellent job in connection with the Bureau informant program.

4. Testifying Experience and Ability

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

5. Disciplinary Action

Not applicable.

Initials

6. Accounting Information

Not applicable.

7. Police Instruction

Not applicable.

8. Sound Training

Not applicable.

9. Resident Agents

SA THREADGILL is an above average Agent who is well-experienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

Initials

10. Foreign Language Ability

Not applicable.

11. Administrative Advancement

- (a.) Interested in (Yes _____)(No XXXX)
- (b.) Completely available for (Yes _____ No _____)
- (c.) Considered completely qualified at present
for administrative advancement including
experience, ability, personality, and
appearance (Yes _____)(No _____)
- (d.) If answer to (c) is "Yes," would you consider
his qualifications very good _____ excellent _____,
outstanding _____.
- (e.) If answer to (c) is "No," does he have potential
for future administrative advancement?
(Yes _____)(No _____)

RATING: EXCELLENT

mb
Initials

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 5/9/63

*noted
cp/foley*

FROM : SAC, SAN FRANCISCO

INTERVIEW RE SICK LEAVE

SUBJECT: BURNEY THREADGILL, JR. *sa*

Captioned employee has been absent because of illness on four separate occasions of a day or more within six months or less on the dates set out below and has explained these absences as follows:

DATE	REASON
11/2/62	Cold
12/10/62	Cold
1/3-4/63	Sinus infection and flu
3/27/63	Laryngitis

Employee has 1305 hours of sick leave accrued.

CHECK AND COMPLETE APPLICABLE ITEMS.

- ☐ Under a physician's care? _____
- ☒ Employee was advised attendance would be followed.
- ☒ Attitude of employee was EXCELLENT
- ☐ Employee was referred to Health Service (where available) for assistance.
- ☐ Communication previously submitted re employee's sick leave, dated _____
- ☐ Work record is EXCELLENT
- ☐ Additional comments.

RECOMMENDATION(S)

- ☐ Employee's leave record is considered to be so aggravated as to require submission of doctor's certificate for future sickness absences of a day or more, and this will be done, UACB. Employee was advised if absences not supported by doctor's certificate, annual leave will be charged and if no annual leave accrued, leave without pay will be charged.
- ☒ No action necessary; for information.
- ☐ Follow-up report will be submitted in 60 days.
- ☐

b6

*Noted
5-13-63
cyc*

Interview conducted by (signature)

34
67-NOT RECORDED
10 MAY 14 1963

THREE
cyc

June 3, 1963

Mr. Curtis O. Lynum
Federal Bureau of Investigation
San Francisco, California

Burney Thompson

Dear Mr. Lynum:

I am pleased to commend, through you, the agents in the San Francisco Division who participated in such an excellent fashion in an operation of considerable value to the Bureau in the security field.

The tenacity and resourcefulness these men displayed in handling their responsibilities in this delicate undertaking were of the highest caliber and through their splendid efforts important and otherwise unobtainable information was acquired. I want you to convey to each man my sincere appreciation for his valuable contributions.

Sincerely yours,

1 - SAC, San Francisco (Personal Attention)

Re: Progressive Youth Organizing Committee, Internal Security-C

Place a copy of this letter in files of all participating personnel.

1 - Miss Usilton (Sent Direct)

CTP:bjb

(11)

Based on memo Baumgardner to Sullivan 5-29-63 re:
"Progressive Youth Organizing Committee, Internal Security-C, Internal Security Act of 1950."

Copies prepared and attached for files of:

(Over)

2
RECORDED
10 JUN 18 1963

Curtis O. Lynum
FBI - San Francisco

[REDACTED]

b6

Joseph R. Seibel
Burney Threadgill Jr.

[REDACTED]

Philip B. Nottingham

[REDACTED]

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME - FIRST NAME - MIDDLE NAME THREADGILL, Burney, Jr.			2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 720 Grizzly Peak Blvd., Berkeley, California			5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 18 Jul 63
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 28 Oct 21	13. PLACE OF BIRTH Mississippi	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN (Wife) b6 Same as #4.		
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS USNH, Oakland, Calif.,			16. OTHER INFORMATION	
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
<input checked="" type="checkbox"/> 18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/> 19. NOSE	
<input checked="" type="checkbox"/> 20. SINUSES	
<input checked="" type="checkbox"/> 21. MOUTH AND THROAT	
<input checked="" type="checkbox"/> 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 20 and 21)	
<input checked="" type="checkbox"/> 23. DRUMS (Perforation)	
<input checked="" type="checkbox"/> 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
<input checked="" type="checkbox"/> 25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/> 26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/> 27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/> 28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/> 29. HEART (Thrust, size, rhythm, sounds)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/> 31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/> 32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/> 33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/> 34. G-U SYSTEM	
<input checked="" type="checkbox"/> 35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/> 36. FEET	
<input checked="" type="checkbox"/> 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/> 38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/> 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/> 40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/> 41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/> 42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/> 43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#29. Grade II Systolic murmur, probably functional. NCD

ENCLOSURE

REC-135

67-420376-97
Searched
10 AUG 21 1963⁷²

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																NCD			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16	L
I																			E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18			17	F
H																	T		
T																			

LABORATORY FINDINGS			
45. URINALYSIS: A: SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place date, film number and result) USNH#48, 7/18/63, #15845, Negative	
B. ALBUMIN Neg	D. MICROSCOPIC		
C. SUGAR Neg	Ess Negative		
47. SEROLOGY (Specify test used and result) VDRL: Non-reactive	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR NE	50. OTHER TESTS WBC 6,400, Neuts 54, Bands 1, Lymphs 43, Mono 2, Hmt 48%, Hgb 16.0 gms.

Initials

MEASUREMENTS AND OTHER FINDINGS

PER 23 1963

51. HEIGHT 70"	52. WEIGHT 160#	53. COLOR HAIR Dk Brown	54. COLOR EYES Brown	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 98.6
-------------------	--------------------	----------------------------	-------------------------	---	-------------------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 140	B. RECUMBENT	SYS. 136	C. STANDING (3 min.)	SYS. 130	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 70		DIAS. 70		DIAS. 74	84	100	84	80	84

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/	20	CORR. TO 20/	BY S. OX	J-1	CORR. TO BY
LEFT 20/	15	CORR. TO 20/	BY S. OX	J-1	CORR. TO BY

62. METROPHORIA (Specify distance)							
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT	LEFT	Falant Passed				CORRECTED	

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION	
						12.5 ou with 5.5	

70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR gm wt (Tests used and score)		
RIGHT WV	/15 SV	15	15		250	500	1000	2000	4000	6000	8000	
					250	500	1000	2000	4000	6000	8000	
LEFT WV	/15 SV	15	15									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#29. Grade II basal systolic murmur, probably functional. NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S

77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR to perform all the duties of his position	B. PHYSICAL CATEGORY
<input type="checkbox"/> IS NOT QUALIFIED FOR	

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
--	-----------

80. TYPED OR PRINTED NAME OF PHYSICIAN E. L. EVANS, LT MC USN	SIGNATURE E L Evans
--	------------------------

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) L. L. NASH, LT DC USN	SIGNATURE L L Nash
---	-----------------------

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS
---	-----------	---------------------------

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNEY, Jr.				2. GRADE AND COMPONENT OR POSITION GS-13		3. IDENTIFICATION NO. 4303	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 720 Grizzly Peak Blvd., Berkeley, Cal.				5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 7/18/63	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN X	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT San Francisco		
12. DATE OF BIRTH 10/28/21		13. PLACE OF BIRTH Biloxi, Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN [redacted], wife			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION			

b6

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

No known health problem.

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER			heart & cancer	79		X	HAD TUBERCULOSIS	
MOTHER	67	no problem				X	HAD SYPHILIS	
SPOUSE			b6			X	HAD DIABETES	
						X	HAD CANCER	
BROTHERS AND SISTERS						X	HAD KIDNEY TROUBLE	
						X	HAD HEART TROUBLE	
						X	HAD STOMACH TROUBLE	
CHILDREN						X	HAD RHEUMATISM (Arthritis)	
						X	HAD ASTHMA, HAY FEVER, HIVES	
						X	HAD EPILEPSY (Fits)	
						X	COMMITTED SUICIDE	
						X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VENEREAL DISEASE			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SINUSITIS	X		JAUNDICE 1942 IN ARMY			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

		WORN GLASSES			ATTEMPTED SUICIDE
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS
		STUTTERED OR STAMMERED			COUGHED UP BLOOD
		WORN A BRACE OR BACK SUPPORT			BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

		BEEN PREGNANT
		HAD A VAGINAL DISCHARGE
		BEEN TREATED FOR A FEMALE DISORDER
		HAD PAINFUL MENSTRUATION
		HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

		AGE AT ONSET OF MENSTRUATION
		INTERVAL BETWEEN PERIODS
		DURATION OF PERIODS
		DATE OF LAST PERIOD
QUANTITY:		<input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

SAME

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

Initials

ENCLOSURE

67-420376-97

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
		B. INABILITY TO PERFORM CERTAIN MOTIONS
		C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

BURNEY TITREADGILL - JR

SIGNATURE

Burney Threadgill Jr

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Past history - NCD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

E.L. EVANS, Lt(MC) USA

DATE

7/18/63

SIGNATURE

E.L. Evans

NUMBER OF ATTACHED SHEETS

10-62259-1 U. S. GOVERNMENT PRINTING OFFICE

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, Burney, Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

Initials

ENCLOSURE

67-420376-97

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☒ medium ☐ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

E. L. Evans

E. L. EVANS, LT MC USN

(Signature of Medical Examiner)

18 Jul 63

(Date)

SAC San Francisco

9/3/63

Director, FBI

Burney Threadgill, Jr.
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 8/19/63 to 8/30/63

☐ Criminal☐ Accounting☒ Security☐ Expert Firearms-Defensive Tactics☐ Basic☒ Advanced☐ _____

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained.

Notebook _____	
Examination _____	
Shotgun Course #2 _____	13/25
Rifle _____	93
Machine Gun _____	90

Specialized Training:

	From	To
Admin. Firearms:	_____	_____
_____ :	_____	_____

Tolson _____
 Belmont _____
 Mohr _____
 Casper _____
 Callahan _____
 Conrad _____
 DeLoach _____
 Evans _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

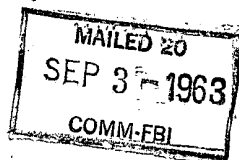
1-SA BURNLEY THREADGILL, JR.
SAN FRANCISCO

HLS:pab

67-NOV 1963

4 SEP 1963

MAIL ROOM TELETYPE UNIT





**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (**by Check - Money Order**) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA Burney Threadgill	8/5/63	San Francisco

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	b6	Relationship
[Redacted]		wife

Address
720 Grizzly Peak Blvd., Berkeley, Calif.

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
same	

Address

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	b6	Relationship
[Redacted]		wife

Address
720 Grizzly Peak Blvd., Berkeley, California

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
same	

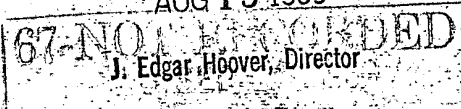
Address

Very truly yours,

Burney Threadgill
Special Agent

Payment Received
Special Agents Insurance Fund

AUG 13 1963



3-eccl



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

F&F inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>BURNEY THREADGILL, JR</u>	<u>1-28-64</u>	<u>SAN FRANCISCO</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	b6	Relationship
[Redacted]		<u>WIFE</u>

Address
<u>720 GRIZZLY PEAK BLVD., BERKELEY 8 CALIF.</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	b6	Relationship
[Redacted]		<u>WIFE</u>

Address
<u>720 GRIZZLY PEAK BLVD., BERKELEY 8 CALIF</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund Special Agent

Burney Threadgill Jr

FEB 18 1964

J. Edgar Hoover, Director

67-NOT RECORDED
2 MAR 4 1964

3-ec

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO
(Division)

(Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13
and Grade

Rating Period: from April 1, 1963 to March 31, 1964

ADJECTIVE RATING: EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

BS

Rated by:

[Redacted]

b6

Supervisor

3/31/64

Signature

Title

Date

Reviewed by:

Eustis Q. Lyman

SAC

3/31/64

Signature

Title

Date

Rating Approved by:

W. P. Callahan

Assistant Director

APR 28 1964

Signature

Title

Date

TYPE OF REPORT

(X) Official
(XX) Annual

REC-141

() Administrative

() 60-Day

() 90-Day

() Transfer

() Separation from Service

() Special

67-420376-98

APR 17 1964

APR 29 1964

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR. Title Special Agent, GS-13Rating Period: from 4/1/63 to 3/31/64

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>✓</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>✓</u> (a) Investigative reports <u>✓</u> (b) Summary reports <u>✓</u> (c) Memos, letters, wires (Consider: <u>✓</u> conciseness; <u>✓</u> clarity; <u>✓</u> organization; <u>✓</u> thoroughness; <u>✓</u> accuracy; <u>✓</u> adequacy and pertinency of leads; <u>✓</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>✓</u> (a) Leadership <u>✓</u> (b) Ability to handle personnel <u>✓</u> (c) Planning <u>✓</u> (d) Making decisions <u>✓</u> (e) Assignment of work <u>✓</u> (f) Training subordinates <u>✓</u> (g) Devising procedures <u>✓</u> (h) Emotional stability <u>✓</u> (i) Promoting high morale <u>✓</u> (j) Getting results |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>O</u> (a) As leader <u>E</u> (b) As participant |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> (24) Ability to work under pressure. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability |
| <u>✓</u> (10) Accuracy and attention to pertinent detail. | |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Technical or mechanical skills. | |
| <u>E</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>E</u> (b) Criminal or general investigative cases <u>E</u> (c) Fugitive cases <u>E</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>+</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security-C Squad; Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? XXX Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEMPLOYEE'S INITIALS BT

San Francisco, California
March 31, 1964

ADDENDUM:

Name: BURNEY THREADGILL, JR.
Position: Special Agent
Grade: GS-13

PART I. GENERAL COMMENTS

SA THREADGILL has a very warm personality, is well-regarded by his fellow employees and by the public, dresses in a very neat, businesslike manner, and makes an overall excellent personal appearance. There are no limitations on his availability and there are no physical limitations affecting his performance. SA THREADGILL has the ability to participate in raids and dangerous assignments. SA THREADGILL is assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He has displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, SA THREADGILL frequently handles criminal and applicant type cases and these are handled in an excellent manner. Much of SA THREADGILL's work involves the investigation of the Socialist Workers Party and factionalist type individuals who have some connection with the University of California at Berkeley. These investigations are most delicate and demand the exercise of excellent judgment and ingenuity. SA THREADGILL in these investigations has demonstrated his ability to handle complicated investigative matters with a minimum of supervision. By letter dated 6/3/63 the Director commended Agents of this Office who participated in an investigation which provided valuable information to the Bureau concerning a secret meeting of Communist Party youth. SA THREADGILL was one of the Agents who participated in this investigation. SA THREADGILL is entitled to a rating of excellent.

Initials *h6*

PART II. SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given

Not applicable.

2. Experience and Ability as Inspector's Aide

Not applicable.

3. Participation in Informant Program

SA THREADGILL developed three potential security informants during the rating period. He continues to handle one security informant who is a member of the Young Socialist Alliance (YSA) and Socialist Workers Party (SWP) and one potential security informant. SA THREADGILL has done an excellent job in connection with the informant program.

4. Testifying Experience and Ability

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

5. Disciplinary Action

Not applicable.

Initials

6. Accounting Information

Not applicable.

7. Police Instruction

Not applicable.

8. Sound Training

Not applicable.

9. Resident Agents

SA THREADGILL is an above-average Agent who is well-experienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

66
Initials

10. Foreign Language Ability

Not applicable.

11. Administrative Advancement

- (a.) Interested in (Yes) (No XXXX)
- (b.) Completely available for (Yes) (No)
- (c.) Considered completely qualified at present
for administrative advancement including
experience, ability, personality, and
appearance (Yes) (No)
- (d.) If answer to (c.) is "Yes," would you consider
his qualifications very good excellent
outstanding
- (e.) If answer to (c.) is "No," does he have potential
for future administrative advancement?
(Yes) (No)

RATING: EXCELLENT

h6
Initials

FORM 3-542 (6-17-63) APPROVED COMP.
GEN. U.S. 4-5-63 IN LIEU OF
SF 1126

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		

GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			<i>JPH</i>

☐ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
24 JUN 11 1964

JOHN EDGAR HOOVER
DIRECTOR

(DATE)

PERSONNEL FILE COPY



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA Burney Threadgill, jr.	5/18/64	San Francisco

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	b6	Relationship
		wife

Address
720 Grizzly Peak Blvd., Berkeley, California

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	b6	Relationship
		wife

Address
720 Grizzly Peak Blvd., Berkeley, California

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

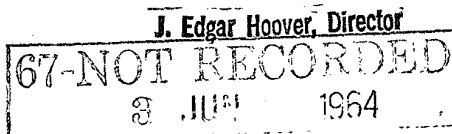
Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 1 1964

Burney Threadgill Jr.
Special Agent



3-ecd

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME--FIRST NAME--MIDDLE NAME THREADGILL, Burney Jr.,			2. GRADE AND COMPONENT OR POSITION Special Agent		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 23 July 1964	
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 28 Oct 28		13. PLACE OF BIRTH Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U.S. Naval Hospital, Oakland, Calif.,				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS--GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES--GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate, if indicated))	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39. Marks and Scars
See previous 88's

ENCLOSURE
REC-146

87-420376-99	
Searched	Numbered
7 AUG 31 1964	

THREE

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
O--Restorable teeth /--Nonrestorable teeth	
X--Missing teeth XXX--Replaced by dentures (6 X 8)--Fixed bridge, brackets to include abutments	
R I G H T	L E F
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	17 18 19 20 21 22 23 24
32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NCD

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.016		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN Neg	D. MICROSCOPIC	USNH#48, #16111, 7/23/64, Neg.	
C. SUGAR Neg	Ess Negative		
47. SEROLOGY (Specify test used and result) VDRL: non-reactive	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS WBC 4,800, Neuts 61, Lymph 31, Mono 5, Eosin 3, Hct 44%, Hgb 14.8 gms

Initials

93
SEP 9 1964

SEP 4

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70 1/2"		52. WEIGHT 161#		53. COLOR, HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 97.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 120 DIAS. 86		B. RECUMBENT SYS. 116 DIAS. 80		C. STANDING (3 min.) SYS. 120 DIAS. 82		A. SITTING 72		B. AFTER EXERCISE 96		C. 2 MIN. AFTER 80	
D. RECUMBENT 72		E. AFTER STANDING 3 MIN. 84									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20 CORR. TO 20				BY S. OX				J-1 CORR. TO BY			
LEFT 20 CORR. TO 20				BY S. OX				J-1 CORR. TO BY			
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
		Normal									
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				Falant-passed				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								OD 17.3 with 5.5			
								OS 17.3 gm wt			
70. HEARING				71. AUDIOMETER							
				250 500 1000 2000 3000 4000 6000 8000							
				dB 88 88 88 88 88 88 88 88							
RIGHT WV 15 /15 SV 15 /15				RIGHT							
LEFT WV 15 /15 SV 15 /15				LEFT							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (Check)
☒ IS QUALIFIED FOR to perform all the duties of his position
☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

M. L. GAY, LT MC USN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

M. T. JUPINA, LT DC USNR

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNLEY			2. GRADE AND COMPONENT OR POSITION FBI		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 720 GRIZZLY PEAK - BERKELEY			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 7/23/64	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 17		10. AGENCY FBI	11. ORGANIZATION UNIT SAN FRANCISCO	
12. DATE OF BIRTH 10/28/21		13. PLACE OF BIRTH Bikini - Miss		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <div></div>		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U. S. NAVAL HOSPITAL, OAKLAND, CALIF.,						
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)						

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER			HEART & CANCER	78		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	67					<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE						<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS AND SISTERS					<input checked="" type="checkbox"/>		HAD CANCER	FATHER
					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	
					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	
CHILDREN							HAD RHEUMATISM (Arthritis)	
							HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			BED WETTING
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			NERVOUS TROUBLE OF ANY SORT
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			ANY DRUG OR NARCOTIC HABIT
		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE			EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:					
		WORN GLASSES				BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION	
		WORN AN ARTIFICIAL EYE				HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS	
		WORN HEARING AIDS				BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS	
		STUTTERED OR STAMMERED				HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD	
		WORN A BRACE OR BACK SUPPORT				HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?		26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

Initials

ENCLOSURE

67-420376-99

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Burmy Thindgil

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

NCD

Past history reviewed and NCD

ALL PAST HISTORY REVIEWED AND NCD

W. L. GAY, LT MC USN

W. L. GAY, LT MC USN

M. L. GAY, LT MC USN

23 Jul 64

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

M. L. Gay

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, Burney Jr.,
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

Initials

ENCLOSURE 67-420376-99

REC'D - ADMIN. DIV.
FBI

SEP 2 8 23 AM '64

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

M. L. Gay
M. L. GAY, LT MC/USN

(Signature of Medical Examiner)

23 July 1964

(Date)



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA BURNEY THREADGILL, JR	3/5/65	SF

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	b6	Relationship
[Redacted]		WIFE

Address	
720 GRIZZLY PEAK BERKELEY - CALIF.	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

MAR 16 1965

J. Edgar Hoover, Director

Burney Threadgill Jr
Special Agent

3-ecd

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO
(Division)

(Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13
and Grade

Rating Period: from April 1, 1964 to March 31, 1965

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

BT

Rated by:

Signature

Supervisor

Title

3/31/65

Date

Reviewed by:

Signature

SAC

Title

3/31/65

Date

Rating Approved by:

Signature

Assistant Director

Title

APR 16 1965

Date

TYPE OF REPORT

☒ Official
☒ Annual

REC-131

- () Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

67-420376-100	
Searched	Numbered
60-Day	APR 15 1965
90-Day	38

1 APR 20 1965 73

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR.Title Special Agent, GS-13Rating Period: from 4/1/64 to 3/31/65

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>✓</u> (19) Reporting ability: |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>✓</u> (a) Investigative reports |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>✓</u> (b) Summary reports |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>✓</u> (c) Memos, letters, wires |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>E</u> (9) Planning ability and its application to the work. | <u>O</u> (20) Performance as a witness. |
| <u>✓</u> (10) Accuracy and attention to pertinent detail. | <u>O</u> (21) Executive ability: |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | <u>✓</u> (a) Leadership |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | <u>✓</u> (b) Ability to handle personnel |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | <u>✓</u> (c) Planning |
| <u>E</u> (14) Technical or mechanical skills. | <u>✓</u> (d) Making decisions |
| <u>E</u> (15) Investigative ability and results: | <u>✓</u> (e) Assignment of work |
| <u>✓</u> (a) Internal security cases | <u>✓</u> (f) Training subordinates |
| <u>O</u> (b) Criminal or general investigative cases | <u>✓</u> (g) Devising procedures |
| <u>O</u> (c) Fugitive cases | <u>✓</u> (h) Emotional stability |
| <u>O</u> (d) Applicant cases | <u>✓</u> (i) Promoting high morale |
| <u>O</u> (e) Accounting cases | <u>✓</u> (j) Getting results |
| <u>+</u> (16) Physical surveillance ability. | <u>E</u> (22) Ability on raids and dangerous assignments: |
| | <u>O</u> (a) As leader |
| | <u>E</u> (b) As participant |
| | <u>E</u> (23) Organizational interest, such as making of suggestions for improvement. |
| | <u>E</u> (24) Ability to work under pressure. |
| | <u>E</u> (25) Miscellaneous. Specify and rate: |
| | <u>E</u> Dictation ability _____ |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security-C Squad; Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? XXX Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

BT

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well-regarded by his fellow employees and the general public. He dresses in a very neat, businesslike manner and is a fine representative of the Bureau.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

SA THREADGILL has the ability to participate in raids and dangerous assignments and during the rating period was engaged in physical surveillances under conditions that could be considered dangerous.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on his availability and there are no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to the Security-C Squad and is a Resident Agent at Berkeley, California. He has specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters during the rating period. Most of his assignments have to do with individuals who have some connection with the University of California. Of necessity these investigations demand the exercise of excellent judgment and tact. In his assignments SA THREADGILL has displayed his ability to handle complicated investigative matters with a minimum of supervision. He has also conducted physical surveillances in connection with student demonstrations at the University of California, as well as racial matter demonstrations within his Resident Agency.

BS
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

Shared in 1 letter of commendation.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

NA

7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period SA THREADGILL developed 3 PSIs. He continues to handle 1 Security Informant. His performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

SA THREADGILL is an above-average Agent who is well-experienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

PO
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No


(d) If answer to (c) is "Yes," Agent's qualifications considered ☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No

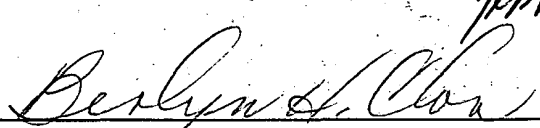
Initials

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) THREADGILL, BURNEY, JR.		DATE 3/25/65
DIVISION AND SECTION ASSIGNED San Francisco		POSITION TITLE Special Agent
THIS IS TO CERTIFY THAT I PRESENTLY <input checked="" type="checkbox"/> HOLD <input type="checkbox"/> DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.		
PERMIT ISSUED BY: (STATE, TERRITORY POSSESSION, DISTRICT)	State of California	PERMIT NUMBER D423093
		PERMIT EXPIRES 10/28/65
THIS IS AN <u>UNRESTRICTED</u> RESTRICTED PERMIT. (IF RESTRICTED, EXPLAIN BELOW) (STRIKE OUT ONE)		
<p>THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY <u>50,000</u> MILES. DURING THIS TIME (A)* <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.</p> <p style="text-align: center;">*(A) unable to recall.</p>		
* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.		 SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) CLOW, BERLYN H.		POSITION TITLE Special Agent	DATE 4/10/65
THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:			
<input checked="" type="checkbox"/> CONTINUOUS SAFE DRIVING RECORD <input type="checkbox"/> INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **			
I CERTIFY THAT THIS EMPLOYEE IS:			
<input checked="" type="checkbox"/> QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS. <input type="checkbox"/> NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.			
REMARKS:			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 79 NOT RECORDED MAY 18 1965 </div>			
AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.		 (SIGNATURE OF REVIEWING OFFICIAL)	



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA BURNEY THREADGILL, JR	5/27/65	SAN FRANCISCO

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship	b6
[Redacted]	WIFE	
Address 720 GRIZZLY PEAK BLVD - BERKELEY, CALIF.		
Name (contingent beneficiary, if desired; use given first name if female)	Relationship	
Address		

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 10 1965

J. Edgar Hoover, Director

Special Agent

Burney Threadgill Jr

3-ecd

Director, FBI

8/20/69

ATTENTION: PERSONNEL SECTION

SAC, San Francisco (66-3759)

MONTEREY RESIDENT AGENCY;
BERKELEY RESIDENT AGENCY

MONTEREY RA

b6

SA [] Alternate Senior Resident Agent at Monterey, has submitted his request for retirement. SA [] who is currently assigned to Monterey, an experienced Agent whose EOD date is [] and who has demonstrated that he is an excellent over-all Special Agent and Resident Agent, is recommended to be the Alternate Senior Resident Agent at Monterey.

The case load and other commitments at Monterey, California, including the Defense Language School, fully justifies three Resident Agents at Monterey. Currently, there are 39 Agents attending the Defense Language Institute at Monterey who are assigned to the Monterey RA and their presence at Monterey requires a certain amount of supervision by the Senior Resident Agent each day. The case load for each Agent at Monterey is 30.3 cases and 10.7 leads or an investigative case load of 41 investigative matters for each Agent. A survey of the case load and leads at Monterey for the past six months reflects that the average investigative case load has been 39.5 for this period.

It is recommended that SA BURNETT THREADGILL, JR. be approved as the third Resident Agent at Monterey. SA THREADGILL entered on duty as a Special Agent on 7/21/47. He was first assigned to the Oakland RA by Bulet 1/12/56 and his headquarters were changed to the Berkeley RA by Bulet 9/13/57 when the Berkeley RA was opened. He has demonstrated that he is a competent, loyal and resourceful Special Agent who can handle any assignment in an excellent manner. He is well suited for an RA assignment.

6 Bureau

4 SF (1 - 66-3759

- 1 - Pers. file SA []
- 1 - Pers. file SA THREADGILL
- 1 - Pers. file SA []

b6

COL:ekkk
(10)

62
4 SEP 2 1969

BERKELEY RA

b6

To replace SA THREADGILL at Berkeley, it is recommended that SA [REDACTED] be designated Resident Agent at

[REDACTED]

Francisco. Therefore, the transfer of SA THREADGILL to Monterey will be approximately the same as a move from San Francisco.

The case load at Berkeley has, for many years, sustained six Resident Agents. In addition, a tremendous volume of Applicant work is handled by the Berkeley RA, which has a fast turn-over and is not reflected in the day-to-day investigative work load. Currently, the case load at the Berkeley RA is 209 cases and 42 leads, which is an average of 34.8 cases and 7 leads for each of the six Resident Agents assigned. This is an investigative case load of 41.8 matters per Agent. The average investigative case load in the Berkeley RA for the past six months is 47.7. This investigative work load fully justifies that six Agents be assigned to the Berkeley RA.

Bureau advice respectfully requested at an early date in view of the retirement of SA [REDACTED]

b6

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney (n) Jr.		2. GRADE AND COMPONENT OR POSITION FBI	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 720 Grizzly Peak Blvd., Berkeley, California		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 22 JUL 65
7. SEX Male	8. RACE Cauc.	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY SAN FRANCISCO, CALIFORNIA
11. ORGANIZATION UNIT		12. DATE OF BIRTH 28 OCT 21	
13. PLACE OF BIRTH MISS.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Wife: [redacted] b6 same as #4 above.	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U.S. NAVAL HOSPITAL, OAKLAND, CALIFORNIA		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 68, 69 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	X
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#29 Functional systolic murmur at base, NCD.

#39 Marks and Scars same as prior examinations, NCD.

#50 Other Tests: WBC 6,600
Neutrophils 46
Lymphocytes 48
Monocytes 2
Eosinophiles 4
Hemoglobin 16.0 Gms

REC-144

67-420 376-101	
Searched	Numbered
1	37
1 AUG 30 1965	

THREE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	X 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 X	Type III Class II QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) U.S. NAVAL HOSPITAL, OAKLAND, CALIFORNIA 22 JUL 65 #17378 WNL	
B. ALBUMIN NEG.	D. MICROSCOPIC ESS. NEGATIVE	50. OTHER TESTS Hematology see above in notes.	
C. SUGAR NEG.	48. EKG NA	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) VDRL NON REACTIVE			

1 SEP 9 1965

12 AUG 27 '65

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70"		52. WEIGHT 161		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 116 DIAS. 72		B. RECUMBENT SYS. 122 DIAS. 72		C. STANDING (3 min.) SYS. 126 DIAS. 76		A. SITTING 88		B. AFTER EXERCISE 112		C. 2 MIN. AFTER 88	
D. RECUMBENT 84		E. AFTER STANDING 3 MIN. 88									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ 20 CORR. TO 20/				BY S. OX				J-1 CORR. TO BY			
LEFT 20/ 20 CORR. TO 20/				BY S. OX				J-1 CORR. TO BY			
62. HETEROPHORIA (Specify distance)											
ES° EX° O R. H. L. H. PRISM DIV. PRISM CONV. CT. PC PD											
ORTHO											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				FALANT PASSED 9/9				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION OU 6/ 5.5 wt			
70. HEARING				71. ISO AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV /15 SV /15				250 500 1000 2000 3000 4000 6000 8000 250 512 1024 2048 3072 4096 6144 8192							
LEFT WV /15 SV /15				RIGHT 15 15 15 20 x 40 x 35 LEFT 15 15 15 20 x 30 x 40							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

None.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#29 Functional systolic murmur at base, NCD.
 #39 Marks and Scars, NCD.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None.

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
 B. ☐ IS NOT QUALIFIED FOR

to perform all the duties of his position.

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

TERRY J. HAPPEL LT MC USN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

D. D. FLYNN LT DC USN

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney (NONE), JR.			2. GRADE AND COMPONENT OR POSITION GS-13		3. IDENTIFICATION NO. 4303						
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 720 GRIZZLY PEAK BLVD. BERKELEY CALIF			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 7/22/65						
7. SEX M		8. RACE W		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN X		10. AGENCY FBI		11. ORGANIZATION UNIT b6			
12. DATE OF BIRTH 10/28/21			13. PLACE OF BIRTH BILOXI - Miss -			14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN WIFE - [REDACTED] SAME AS #4					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS						16. OTHER INFORMATION					

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

b6

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER		DECEASED	HEART + CANCER	78		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	69	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE						<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS					<input checked="" type="checkbox"/>		HAD CANCER	FATHER
AND					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	FATHER
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	
CHILDREN						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VENEREAL DISEASE			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

		WORN GLASSES			ATTEMPTED SUICIDE	22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:			
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER		BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
		STUTTERED OR STAMMERED			COUGHED UP BLOOD		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
		WORN A BRACE OR BACK SUPPORT			bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
							HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?		26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	
---	--	---	--	------------------------------------	--	--	--

ENCLOSURE 67-420376-101

DECLARATION

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Benny Thundipill

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, Burney (n) Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

AB
Initials

ENCLOSURE 67-420376-101

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Terry J. Happel
TERRY J. HAPPEL LT MC USN
(Signature of Medical Examiner)

22 JUL 65
(Date)

August 27, 1965

**Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California**

Dear **Mr. Threadgill:**

Your headquarters are changed from **Berkeley, California,** to **Monterey, California,** effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$16.00 per day within the U. S., \$6.00 per day for air travel, rail travel, and ocean travel by steamship outside the continental limits of the U. S., transportation expenses for your immediate family, and transportation costs of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, dated November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier, as prescribed by Section 3.5b(2) of the Standardized Government Travel Regulations, over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

MAILED 10
AUG 27 1965
COMM-FBI

REC-139

67-420-376-102	
Searched	Numbered
6 AUG 30 1965	

Very truly yours,

J. Edgar Hoover
John Edgar Hoover
Director

1 - SAC, San Francisco (Personal Attention) Advise arrival date and address of Resident Agent Threadgill at Monterey. SA Max H. Fischer is hereby designated Alternate Senior Resident Agent in Monterey.

Based on memo from SAC, San Francisco 8/20/65, and addendum of Administrative Division RRB:crt, 8/25/65.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

rah
(5)

1 - Personnel file of Max H. Fischer.

MAIL ROOM ☒ TELETYPE UNIT ☐

SAC, SAN FRANCISCO

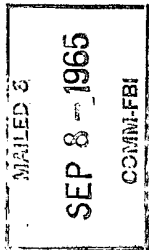
9-8-65

Director, FBI

PERSONAL ATTENTION

BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

- ☐ ReBulet _____
- ☐ Reurlet _____
- ☒ Re Physical Examination 7-22-65
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____
- ☒ Submit results of electrocardiogram examination.



Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

111
 (3)

215

107-NOT RECORDED
 1 MAIL ROOM SEP 8 1965 TELETYPE UNIT ☐

HP-4364

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 9/21/65

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☒ ReBulet 9/8/65 _____

- ☒ Re physical examination 7/22/65 _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

- ☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Results of electrocardiogram examination "within normal limits."

① - Bureau
1 - SF
COL:hko
(2)

139
NOT RECORDED
9 SEP 29 1965

no further action
9-27-65

THREE
OT

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/5/65

FROM : SAC, San Francisco

SUBJECT: BURNEY THREADGILL, JR., SA
(Employee's present payroll name)

SAN FRANCISCO

(Division)

PAYROLL NAME (List as desired on payroll)

ADDRESS AND PHONE CHANGE

Present phone number (city)	<u>Atherton Place</u> <u>Carmel</u> <u>California</u>		
<input checked="" type="checkbox"/> FD-310 enclosed	Local address (Number	Street	City State)

NOTE (The following must be executed in reporting BIRTHS or CHANGES IN MARITAL STATUS.)

Has spouse ever been an employee of the Bureau or an applicant for Bureau employment?

1. ☐ No 2. ☐ Yes ☐ Present ☐ Former ☐ Applicant

MARITAL STATUS

Married to - Show full (maiden) name of spouse	Date and place of marriage
Data re spouse	
Birth date	Birthplace
Legal Residence	Occupation
Office indices re spouse and relatives (use Addendum, if necessary)	
Credit and arrest records re spouse (use Addendum, if necessary)	
FD-292 enclosed 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No Date it will be submitted	
FD-310 enclosed 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Date it will be submitted	
Name, address, and telephone number of person to be notified in case of emergency	

BIRTHS

Girl named	Boy named
Birth date	Birthplace
Name of employee and (Name of spouse)	
This is their _____ child	

Enc. - 1 ReBulet 11/2/65. Mailing address - P.O. Box 5025, Carmel, Calif.

COL:ekk (2)

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/8/65

FROM : SAC, San Francisco

SUBJECT: BURNEY THREADGILL, JR., SA
(Employee's present payroll name)

SAN FRANCISCO
(Division)

PAYROLL NAME (List as desired on payroll)

ADDRESS AND PHONE CHANGE

Present phone number (city) 408-624-8728 Carmel, Calif.	Local address (Number Street City State)
<input type="checkbox"/> FD-310 enclosed	

NOTE (The following must be executed in reporting BIRTHS or CHANGES IN MARITAL STATUS.)

Has spouse ever been an employee of the Bureau or an applicant for Bureau employment?				
1. <input type="checkbox"/> No	2. <input type="checkbox"/> Yes	<input type="checkbox"/> Present	<input type="checkbox"/> Former	<input type="checkbox"/> Applicant

MARITAL STATUS

Married to - Show full (maiden) name of spouse	Date and place of marriage
Data re spouse	
Birth date	Birthplace
Legal Residence	Occupation
Office indices re spouse and relatives (use Addendum, if necessary)	
Credit and arrest records re spouse (use Addendum, if necessary)	
FD-292 enclosed 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Date it will be submitted	
FD-310 enclosed 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Date it will be submitted	
Name, address, and telephone number of person to be notified in case of emergency	

BIRTHS

Girl named	Boy named
Born on	Birthplace
To employee and (Name of spouse)	This is their child

Enc.

Bureau
SF
COL:ek
(2)

THREE



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>Burney Threadgill, Jr.</u>	<u>12/21/65</u>	<u>San Francisco</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>b6</u>	<u>wife</u>

Address
<u>P.O.Box 5025 Carmel, California</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address
<u>none</u>

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Payment Received
Special Agents Insurance Fund

JAN 11 1966

J. Edgar Hoover, Director

Very truly yours,

Burney Threadgill, Jr.

Special Agent

33

3-ecd

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: San Francisco
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent, GS-13

Rating Period: from April 1, 1965 to March 31, 1966

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

BS

Rated by: Jay M. Andrews Supervisor 3/31/66
Signature Title Date

Reviewed by: Charles O. Lynum Special Agent 3/31/66
Signature Title Date
in Charge

Rating Approved by: W. P. Callahan Assistant Director APR 22 1966
Signature

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day

REC-143

67-420376-103	
Searched	Numbered
4 APR 18 1966	Special
Separation from Service	

2 APR 25 1966

THREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR. Title Special Agent, GS-13
Rating Period: from 4/1/65 to 3/31/66

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>✓</u> (18) Reporting ability: |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>✓</u> (a) Investigative reports |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>✓</u> (b) Summary reports |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (c) Memos, letters, wires |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> (19) Performance as a witness. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>0</u> (20) Executive ability: |
| <u>E</u> (10) Accuracy and attention to pertinent detail. | (a) Leadership |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | (b) Ability to handle personnel |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | (c) Planning |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | (d) Making decisions |
| <u>E</u> (14) Investigative ability and results: | (e) Assignment of work |
| <u>E</u> (a) Internal security cases | (f) Training subordinates |
| <u>E</u> (b) Criminal or general investigative cases | (g) Devising procedures |
| <u>E</u> (c) Fugitive cases | (h) Emotional stability |
| <u>E</u> (d) Applicant cases | (i) Promoting high morale |
| <u>+</u> (e) Accounting cases | (j) Getting results |
| <u>+</u> (15) Physical surveillance ability. | <u>E</u> (21) Ability on raids and dangerous assignments: |
| | <u>E</u> (a) As leader |
| | <u>E</u> (b) As participant |
| | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| | <u>E</u> (23) Ability to work under pressure. |
| | <u>E</u> (24) Miscellaneous. Specify and rate: |
| | <u>E</u> Dictation ability |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State of local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

EXCELLENT

ADJECTIVE RATING:

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

BT

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well regarded by his fellow employees and the general public. He dresses in a very neat, business-like manner and is a fine representative of the Bureau.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

During the rating period, SA THREADGILL apprehended two Bureau fugitives and was engaged in physical surveillances under conditions that could be considered dangerous. SA THREADGILL is an experienced Agent and is well qualified to lead or participate in raids or dangerous assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on SA THREADGILL's availability and no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

During this rating period, up until 9/13/65, SA THREADGILL was assigned to the Security-C Squad as a Resident Agent at Berkeley, Calif. He has specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters. Most of his assignments had to do with individuals who have some connection with the University of California (UC). Of necessity, these investigation demanded the exercise of excellent judgment and tact. SA THREADGILL has displayed the ability to handle complicated investigative matters with a minimum of supervision. He has also conducted physical surveillances in connection with student demonstrations at UC, as well as racial matter demonstrations within his R.A. On 9/13/65, SA THREADGILL was transferred to the Monterey, Calif. RA, assigned to the Selective-Service-TFIS Squad. Since his assignment to the Monterey RA, approximately 60% of his assignments are in the security-accounting type classifications. He exhibits common sense and excellent judgment in the handling of his work. His investigations are accurate and well planned, and he discharges his responsibilities quickly and efficiently. He is aggressive where necessary and has demonstrated the ability to handle the most complicated cases with a minimum of supervision. His attitude is outstanding and he has demonstrated true devotion and loyalty to the Bureau. Since 9/13/65, SA THREADGILL has contributed to the statistical accomplishments of the San Francisco Division, being credited with two fugitive apprehensions. He is fully aware of the importance of the Bureau applicant recruitment program and phase of the Bureau's work. He is fully entitled to the rating of Excellent.

36
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

NA

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

NA

7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period SA THREADGILL developed six PSIs and three CSs, and is presently handling three PSIs and one CS. He is fully aware of the importance of this phase of the Bureau's work and his performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

During the rating period SA THREADGILL testified on one occasion before the U. S. Commissioner. He has testified numerous times in the past and is a competent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

SA THREADGILL is a mature, well experienced, above-average agent and can handle the most difficult assignments with a minimum of supervision. He is, therefore, well suited for his assignment as a Resident Agent.

96
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory.

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered ☐ very good ☐ excellent ☐ outstanding.

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No

86
Initials

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE THREADGILL BURNLEY JR	SOCIAL SECURITY NUMBER 426-14-1799
--	---

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION:		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE	6/ 5/66	6/ 7/64
<input checked="" type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-13	STEP OR RATE STEP 7	OLD SALARY \$14,685.00	NEW SALARY \$15,120.00

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>[Signature]</i>

☒

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RF
25 JUN 10 1966

[Signature: J. Edgar Hoover]

JOHN EDGAR HOOVER
DIRECTOR

6/ 5/66
(DATE)

PERSONNEL FILE COPY

Special Agent

GS 13 at \$15,561.00

Not on Probation

Not on Limited Duty

This Write-Up is being prepared as SA BURNEY THREADGILL, JR. is involved in a substantive Write-Up.

SA THREADGILL is a Resident Agent at

SA THREADGILL is an experienced investigator, who has demonstrated the ability to handle the most complicated investigative matters. His performance is characterized by his resourcefulness and initiative. He contributes materially to the statistical accomplishments of the office and for the past year his caseload has been high and consistently above the office average. He has had an exceptionally high number of complicated Conscientious Objector cases and Applicant matters. One of the outstanding qualities of SA THREADGILL is his willingness to voluntarily assist in any of the more complicated investigative matters. His attitude is outstanding and he has demonstrated a true devotion and loyalty to the Bureau. SA THREADGILL is considered an excellent agent and is not at the present time interested in administrative advancement.

Rating: Excellent

SAN FRANCISCO INSPECTION
9/20/66
RMA/slc

001 10

1
OCT 10 1958
Ltr 8 22 6
REC'D 7 22 6
NAB
88
OCT 11 1958

INSPECTOR K. W. WHITTAKER:
(O. T. Jacobson:wmj 10/4/66)

Interview and observation of SA Threadgill by the Inspector indicates he is a devoted, loyal employee, conscientious towards his work, and carries an above-average case load. His caseloads, VOT and TIO are all satisfactory. Although available for general or special assignment he is not interested in Administrative advancement, preferring to lend his talents to investigative work solely for which he is well suited.

During the San Francisco inspection one substantive error (copy of write-up attached) was detected in a selective service case assigned to him. The case was assigned to SA Threadgill on March 14, 1966, on a lead from Chicago to interview an individual at Fort Ord, California, who was believed to be the sought-after delinquent registrant. This interview was not accomplished until 7/26/66, The results of which were then furnished to Chicago which confirmed that the registrant was in fact already in military service.

SA Threadgill was requested to explain his delay in interviewing the registrant. Threadgill advised that during this period he was carrying an abnormally high case load of priority conscientious objector matters, fraud and bribery cases, and other type deadline cases. In attempting to handle his case load on a priority basis this selective service matter was not investigated due to the other cases SA Threadgill felt needed more expedite attention.

OBSERVATIONS:

Interview of the individual at Fort Ord believed to be the registrant was the crux of this selective service case, because confirmation of his already being in military service would have an essential bearing on his selective service delinquency. Despite his priority cases SA Threadgill by proper planning should have been able to have arranged an interview at Fort Ord, California (approximately 5 miles distant from Monterey, California, RA, where assigned) without substantially changing his accomplishments in his other cases. His explanations in this regard are not satisfactory and he should be held culpable for a delay in investigation of over 4 months.

RECOMMENDATIONS:

1. SA Threadgill be censured for his delayed investigation of over 4 months in not interviewing the registrant in a selective service case. If approved, Administrative Division to handle.

2. Retain as Resident Agent.

7v

3. Responsibility of other field personnel being handled separately.

7v

4. There is no Seat of Government responsibility as this dereliction could only be detected by a review of the field office file.

7v

SUBSTANTIVE ERROR WRITE-UP[redacted] aka
SS: [redacted]

SSA, 1948

SF File 25-63448

INSPECTOR K. W. WHITTAKER: This is a pending case, Chicago origin, which is assigned to SA BURNEY THREADGILL, JR., and supervised on the desk of SA RAY M. ANDRESS.

Investigation in the San Francisco Division was instituted upon receipt of a letter from Chicago dated 3/11/66. In this letter Chicago indicated that the mother of the Registrant had advised that [redacted] entered the U. S. Army and correspondence from him indicated he was using the name of [redacted] and furnished his address at Fort Ord, California. The lead, therefore, was for the San Francisco Division to interview [redacted] and determine if he was identical with the Registrant.

Review of the file discloses that [redacted] was interviewed by SA THREADGILL at Fort Ord on [redacted]. This case was opened in the San Francisco Division 3/14/66. This is a delay in excess of four months from the time of receipt of the lead. The results of this interview were set forth on an FD-302 and transmitted to Chicago. During the interview [redacted]

[redacted]

Explanation requested of:

1. SA BURNEY THREADGILL for his delay in interviewing the Registrant at Fort Ord, California.

SAN FRANCISCO INSPECTION
9/15/66
OTJ:ym1

00

ENCLOSURE

2. SA RAY M. ANDRESS for failure to detect this delay during the supervision of this case.

Comments of SAC requested.

SA THREADGILL: The writer regrets the necessitated delay in 9/19/66 interviewing the Registrant in this case. During the period covered by this investigative matter, 3/14/66 to 7/26/66, the writer maintained an average of 58 investigative matters, of which 42 were cases assigned to him. Most of the Agent's time had to be devoted to Applicant, Bribery and Fraud, complicated Conscientious Objector deadline matters and other type deadline cases which afforded no opportunity to handle these matters in the order received. In spite of this situation, it was felt that by working on a priority basis all work would be accomplished, however, this situation was further complicated by three full-field Conscientious Objector investigations plus one complicated Applicant case and a number of other Applicant matters which were not anticipated and required immediate and full attention during the month of May and the first of June, 1966. With a return to a near normal workload the writer will do everything possible to prevent any recurrence in the future of a delay in any investigative matter assigned him.

311A SUPERVISOR ANDRESS: I regret that the heavy case load on my desk 9/19/66 caused me to inadvertently overlook this case. I have reevaluated my Supervisory procedures to avoid any inadvertent errors of this kind.

29 SAC LYNUM: SA THREADGILL is an excellent Agent, who has 9/20/66 handled a large number of Applicant, Criminal and Security cases in the Monterey Resident Agency in an outstanding manner. He is the type of Agent who conscientiously applies himself to the task at hand. Based on his past performance, I feel that his overlooking this particular case was not due to poor work habits or lack of interest but because of his high work load and large number of deadline matters. Supervisor ANDRESS also has had an exceedingly high volume of work on his desk and he has also demonstrated his ability to follow cases and obtain maximum results with the men assigned to his squad.

RWW
ADDENDUM, INSPECTOR K. W. WHITTAKER:
9/23/66

There is no Seat of
Government culpability
because the deficiency
in this instance could only have been detected through a
review of the field office file.

October 7, 1966

PERSONAL

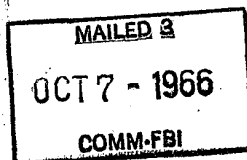
Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

File Rel- 6-13-67
REC'D-READING ROOM
FBI
OCT 7 3 09 PM '66
real

Dear Mr. Threadgill:

There was an unreasonable delay on your part in handling a pertinent interview in connection with the Selective Service Act case involving [redacted]. The explanation which you submitted to the Inspector regarding this matter has been carefully considered; however, there was no excuse whatever for your failure to bring this matter to a prompt and logical conclusion.

In the future, you will be expected to handle your investigative assignments in a more prompt and efficient manner so that a similar delinquency will not again be chargeable to you.



REC-131 57-420376-104
Very truly yours, *[Signature]*
OCT 11 1966

J. Edgar Hoover

John Edgar Hoover
Director

JBA

- 1 - SAC, San Francisco (Personal Attention)
- 1 - Movement
- 1 - SOG, San Francisco Office Personnel File

HNB
HNB:mfl *[Signature]*

(6)

Based on San Francisco Inspection Personnel Write-up, 9-20-66, RMA:slc.

OCT 12 1966
[Signature]

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>Burney Threadgill, Jr.</u>	<u>10/20/66</u>	<u>SF</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted] b6</u>	<u>wife</u>

Address
<u>Box 5025</u> <u>Carmel, California</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Payment Received
Special Agents Insurance Fund

NOV 1 1966

J. Edgar Hoover, Director

Very truly yours,

Burney Threadgill
Special Agent

146

3-ecd

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME - FIRST NAME - MIDDLE NAME THREADGILL, Burney, Jr.			2. GRADE AND COMPONENT OR POSITION Special Agent FBI		3. IDENTIFICATION NO. 4303				
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) Carmel, California			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 18 Aug 66				
7. SEX Male		8. RACE Caucasian		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3y CIVILIAN 19y		10. AGENCY FBI		11. ORGANIZATION UNIT San Francisco, California	
12. DATE OF BIRTH 28 Oct 21		13. PLACE OF BIRTH Biloxi, Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Wife: Sameaas #4 above		b6			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U. S. Naval Hospital, Oakland, California						16. OTHER INFORMATION			
17. RATING OR SPECIALTY						TIME IN THIS CAPACITY (Total) LAST SIX MONTHS			

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Frostbite, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#25 Microaneurysm and small area of deep hemorrhage inferior to macule, OS. Recommend GTT and follow-up in 2 months.

#29 Functional apical systolic Gr I murmur, NCD.

#39 Marks and scars: Same as prior physicals, NCD.

#50 OTHER TESTS:

HEMATOLOGY: WBC 6,400

Differential: Neut 71, Bands 1, Lymphs 23,
Monos 2, Eos 3

Hematocrit: 45%

GLUCOSE TOLERANCE TEST (23 Aug 66)

Fasting 78 mg%

1/2 hour 110 mg%

1 hour 82 mg%

2 hours 72 mg%

3 hours 70 mg%

67-420376-105	
Score	Numbered
8 NOV 25 1966	

ENCLOSURE

REC-130

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments			
R I G H T	1 2 3 4 5 (6 x) 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	TYPE III EXAM CLASS II QUALIFIED	

45. URINALYSIS: A. SPECIFIC GRAVITY 1.025		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN NEG		USNH OAKLAND, CALIFORNIA 18 Aug 66	
C. SUGAR NEG		#20484 CHEST WNL	
47. SEROLOGY (Specify test used and result) VDRL NONREACTIVE		49. BLOOD TYPE AND RH FACTOR NE	
48. EKG WNL		50. OTHER TESTS Hematology and GTT - SEE ABOVE	

Initials

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70"		52. WEIGHT 171		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE Normal			
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)									
A. SITTING SYS. 124 DIAS. 82		B. RECUMBENT SYS. 132 DIAS. 70		C. STANDING (3 min.) SYS. 138 DIAS. 80		A. SITTING 80		B. AFTER EXERCISE 104		C. 2 MIN. AFTER 88		D. RECUMBENT 76		E. AFTER STANDING 3 MIN. 92	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION							
RIGHT 20/ 15 CORR. TO 20/				BY S. OX <input type="checkbox"/> J-1 CORR. TO				BY							
LEFT 20/ 15 CORR. TO 20/				BY S. OX <input type="checkbox"/> J-1 CORR. TO				BY							
62. METEOPHORIA (Specify distance)															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.		PC		PD	
Orthophoric N&D															
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED			
RIGHT LEFT				FAINT - PASSED								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION			
NORMAL.												17.3 / 5.5 OU			
70. HEARING				71. ASA AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV /15 SV /15					250 250	500 518	1000 1024	2000 2048	3000 3200	4000 4096	6000 6144	8000 8192			
LEFT WV /15 SV /15				RIGHT	10	5	5	5	x	25	x	15			
				LEFT	5	5	5	5	x	20	x	25			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

None

CONFIDENTIAL (83-70822)

07-069572

30. 10. 1950

PHOTOGRAPHY: 1648 AM - DATE: 1-10-68 53
FILM NO: 119 2-100

120 11.5.12.13

22. ආගමනේ ස්වභාවය: එ. ශ්‍රී ආරාමය, ප්‍රාදේශීය මට්ටමේ

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#25 Small microaneurysm and retinal hemorrhage OS. Recommend GTT and follow-up in two months. (To be followed up at 50 Fell St., San Francisco, Calif.)

#29 Functional apical systolic Gr I murmur, NCD.

#39 Marks and scars, NCD.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Follow-up at 50 Fell St., S.F.

II. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR performing all the duties of his position.
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

W. S. MYERS CDR MC USN / FOR

80. TYPED OR PRINTED NAME OF PHYSICIAN

E. E. FITCH LCDR MC USN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

J. D. YAVORSKY LT DC USN

12. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76.	A. PHYSICAL PROFILE
-----	---------------------

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E
1	2	3	4

SIGNATURE

SIGNATURE *W. L. Myers*

SIGNATURE

✓ 10 APR 23

SIGNATURE

SIGNATURE *[Signature]* 1303

SIGNATURE

TACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL - BURNETT, JR.			2. GRADE AND COMPONENT OR POSITION GS-13		3. IDENTIFICATION NO. 4303	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) CARMEL, CALIF.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 8/18/66	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 yrs CIVILIAN 19 yrs		10. AGENCY FBI	11. ORGANIZATION UNIT San Francisco, Cal.	
12. DATE OF BIRTH 10/28/21		13. PLACE OF BIRTH Biloxi - Miss		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> CARMEL		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	72	GOOD	HEART	79			HAD TUBERCULOSIS	
MOTHER	72						HAD SYPHILIS	
SPOUSE							HAD DIABETES	
BROTHERS AND SISTERS							HAD CANCER	
							HAD KIDNEY TROUBLE	
							HAD HEART TROUBLE	
CHILDREN		HAD STOMACH TROUBLE						
		HAD RHEUMATISM (Arthritis)						
		HAD ASTHMA, HAY FEVER, HIVES						
		HAD EPILEPSY (Fits)						
		COMMITTED SUICIDE						
		BEEN INSANE						

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VENEREAL DISEASE			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SINUSITIS			JAUNDICE R43			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

		WORN GLASSES			ATTEMPTED SUICIDE
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS
		STUTTERED OR STAMMERED			COUGHED UP BLOOD
		WORN A BRACE OR BACK SUPPORT			BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

		BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
		HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
		BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
		HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
		HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

B. COMPLETE THE FOLLOWING:

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? **1**

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

BB
Initials

67-420376-105

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Berny Thompson

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

History reviewed no disqualifying defects

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

Dr. F. E. G. L. C. A. S. R.

18 Aug 66

S. S. J. P.

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

18 NOV 1966

R. G. McALLISTER
LT MSC USN

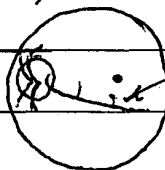
RGM

Re-examined 18 Aug 66 - microaneurysm
and deep hemorrhage inferior to macula.
O.S. Aug O.D. Referred to 50 Fell for
repeat of Hematology & Glucose tolerance
test and eye examination.

✓ O.D. 20/20 P 65/ NP +1.00 PRA +1.00
O.S. 20/20 P 162 +0.75 NRA +1.00

N.P.R. O.D. pl DS Add +1.00
O.S. -0.25 +0.50 X 080 +1.00

Orthophoria 6M +4 L.S.C. +0.00
-6 L.S.C. "



area mentioned above (Very Small)
scotomata unmeasurable.

Lens of media clear, Lids fundus essentially neg.

RGM = Allister

Refer to Room 219

18 Nov 66 Cast 977 was well within normal
limits. I was unable to visualize
above hemorrhage.

Advise pt to return in 6 months
for follow-up

SEX M	RACE C	GRADE, RATING, OR POSITION SPECIAL AGENT FBI	ORGANIZATION UNIT FBI	COMPONENT OR BRANCH FBI	SERVICE, DEPT. OR AGENCY DEPT OF JUSTICE
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNEY, Jr.			DATE OF BIRTH (DAY—MONTH—YEAR) 28 OCT 1921	IDENTIFICATION NO. 4303	

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, Burney Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

BO
Initials

67-420376-105

REC'D - ADMIN. DIV.

FBI

Desirable Weight Ranges for Males

Nov 20 12 45 PM '66

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks:

Healthy male

(Signature of Medical Examiner)

E. E. FITCH LCDR MC USN

(Date)

18 Aug 66

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE:

11/21/66

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: SA BURNEY THREADGILL, JR.
PHYSICAL EXAMINATION MATTER

☐ Remylet _____

☐ ReBulet _____

☒ Re physical examination 8/18/66

☐ Dental work was completed on _____

☐ Vision has been corrected to _____ Employee specifically instructed _____ by _____ that he can operate a Bureau car _____

(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.

☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.

☐ Enclosed are ☐ paid ☐ unpaid medical bills.

☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.

☐ Employee is scheduled for physical examination on _____

☒ Physical examination report has been reviewed and initialed.

☐ Employee returned to active duty _____

☐ Employee's physical condition is _____

☐ UACB he is being removed from limited duty.

☐ UACB he is being placed on limited duty.

67-NOT RECORDED-1

Remarks:

As indicated under Item #75, medical examiner referred employee to USN Dispensary, SF, for follow-up concerning eye examination. This was done on 11/18/66 and results of this examination are attached. Pursuant to recommendations thereon, another follow-up will be made in six months. Bureau will be kept advised.

① - Bureau (Encl. 1) *3 attch*

1 - SF

COL:hko

(2)

ENCLOSURE

1 NOV 30 1966

Will follow

11-29-66

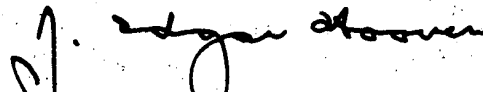
March 17, 1967

Mr. Warren A. Cook
Federal Bureau of Investigation
San Francisco, California

Dear **Mr. Cook:**

Your headquarters are changed for official reasons from **San Francisco, California, to Monterey, California,** effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; Bureau of the Budget Circular Number A-56, dated October 12, 1966, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form FD-384) to remain with the Government for one year following the effective date of the transfer. If you are being transferred to a duty station outside the continental United States the written agreement form FD-382 need only be executed.

Very truly yours,


John Edgar Hoover
Director

DUPLICATE YELLOW

1 - SAC, San Francisco (Personal Attention)(Enclosures 2) Have SA Cook execute the enclosed Forms FD-384 and return the original and copy to the Bureau. Advise the arrival date and address of Resident Agent Cook at Monterey. SA Burney Threadgill, Jr. is hereby designated Alternate Senior Resident Agent in Monterey.

Based on memo from SAC, San Francisco 3/13/67.

① - Personnel file of SA Burney Threadgill, Jr.

SEARCHED
INDEXED
rah
3 (5) MAR 21 1967

42



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>BURNEY THREADGILL, JR</u>	<u>3/1/67</u>	<u>SF</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary)	b6	Relationship
		<u>WIFE</u>

Address

P.O. Box 5025 CARMEL, CALIF

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>X X X</u>	

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

MAR 20 1967

J. Edgar Hoover, Director

Burney Threadgill Jr
Special Agent

Recd

UNITED STATES GOVERNMENT

Memorandum

b6

TO : Director, FBI

DATE:

FROM : SAC, San Francisco (66-3759)

SUBJECT: MONTEREY RESIDENT AGENCY
SAN FRANCISCO DIVISION

Barnes Threadgill, Jr. - per [redacted]
By Bulet 3/9/67, Alternate Senior Resident Agent [redacted]
of this Resident Agency, was transferred to the [redacted]

This is a three-man Resident Agency and a replacement for [redacted] is urgently needed. A survey reflects that during the past six months the active cases have averaged 38.5 per Agent, with leads averaging 13.2 per Agent, for an average number of investigative matters per Agent of 51.7. It is also noted that these three Agents have each averaged 28.3 cases closed per month during this period. This case load has been constant and we have only been able to handle this high volume of work through the assistance we received from Agents attending the language school who were on semester break during December-January, 1966-67, and also by the utilization of SA [redacted] who did considerable work during February while awaiting reassignment and transfer. There is no reason to believe that this case load will decrease.

In addition to the case load as indicated above, the Senior Resident Agent, [redacted], devotes considerable of his time to the handling of language school students and it is estimated that approximately 50% of his time is necessary for this purpose. We have also found it necessary to occasionally utilize Agents from Headquarters in this Resident Agency and since the authorization of the [redacted] telephone service we have been able to handle considerable work at Fort Ord from Headquarters without an Agent having to go there physically from the Monterey Resident Agency.

It is recommended that SA WARREN A. COOK, EOD 8/10/42, be transferred from Headquarters in San Francisco to the Resident

- 3 - Bureau
- 3 - SF
- (1 - 66-3759)
- (1 - pers. file Cook)
- (1 - pers. file Threadgill)

JTM:lm
(6)

MAR 27 1967

REC-134

67-*Letter* 313-4267
MAR 21 1967
MAR 15 1967
THREE

Agency at Monterey, and that SA ~~BURNEY~~ THREADGILL, JR., presently assigned Monterey, be designated Alternate Senior Resident Agent.

SA COOK is a thoroughly mature Agent who has repeatedly demonstrated the ability to handle any type of investigative or administrative assignment. He has the appearance, stability and good judgment to perform satisfactorily as a Resident Agent.

While it is noted that SA THREADGILL was censured in October 1966, when the Inspector noted a delay in handling a Selective Service case, all of his work, with the exception of this single instance, has been handled in an exemplary fashion, and in view of his knowledge of the territory and particularly the handling of the language school at Monterey, it is felt that he will make an excellent Alternate Senior Resident Agent.

*Records of SA's Cook and THREADGILL satisfactory.
Work load warrants replacement.*

*OK to transfer SA Cook to Monterey, California as
Resident Agent.*

*OK to designate SA THREADGILL as Alternate
Senior Resident Agent.*

3-16-67

LOH/JP

maw

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, Jr.Where Assigned: San Francisco
(Division)

(Section, Unit)

Official Position Title and Grade: Special Agent, GS-13Rating Period: from April 1, 1966 to March 31, 1967ADJECTIVE RATING: EXCELLENT
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's
InitialsBT

Rated by:

Fay M. Anderson
Signature

Supervisor

3/31/67

Date

Reviewed by:

Ernest O. Sperry
SignatureSpecial Agent
in Charge

3/31/67

Date

Rating Approved by:

W. C. Callahan
Signature

Assistant Director

APR 25 1967

Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

APR 26 1967 76

REC-141

420376-106
17 1967

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, Jr. Title Special Agent, GS-13
Rating Period: from 4/1/66 to 3/31/67

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (18) Reporting ability: |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>E</u> (a) Investigative reports |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (b) Summary reports |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (c) Memos, letters, wires |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> (19) Performance as a witness. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>O</u> (20) Executive ability: |
| <u>E</u> (10) Accuracy and attention to pertinent detail. | (a) Leadership |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | (b) Ability to handle personnel |
| <u>✓</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | (c) Planning |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | (d) Making decisions |
| <u>E</u> (14) Investigative ability and results: | (e) Assignment of work |
| <u>E</u> (a) Internal security cases | (f) Training subordinates |
| <u>E</u> (b) Criminal or general investigative cases | (g) Devising procedures |
| <u>E</u> (c) Fugitive cases | (h) Emotional stability |
| <u>E</u> (d) Applicant cases | (i) Promoting high morale |
| <u>E</u> (e) Accounting cases | (j) Getting results |
| <u>+</u> (15) Physical surveillance ability. | <u>E</u> (21) Ability on raids and dangerous assignments: |
| | <u>E</u> (a) As leader |
| | <u>E</u> (b) As participant |
| | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| | <u>E</u> (23) Ability to work under pressure. |
| | <u>E</u> (24) Miscellaneous. Specify and rate: |
| | <u>E</u> Dictation ability |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State of local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe-driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

BT

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well regarded by his fellow employees and the general public. He dresses in a very neat, business-like manner and is a fine representative of the Bureau.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

During the rating period, SA THREADGILL apprehended two Bureau fugitives and was engaged in physical surveillances under conditions that could be considered dangerous. SA THREADGILL is an experienced Agent and is well qualified to lead or participate in raids or dangerous assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on SA THREADGILL's availability and no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to the SSA-TFIS Squad. Approximately 60% of his assignments are in the security-accounting type classifications. He exhibits common sense and excellent judgment in the handling of his work. His investigations are accurate and well planned. He discharges his responsibilities quickly and efficiently. He is aggressive where necessary and has demonstrated the ability to handle the most complicated cases with a minimum of supervision. His attitude is outstanding and he has demonstrated true devotion and loyalty to the Bureau. SA THREADGILL has one accounting case awaiting final court action and one other case awaiting prosecutive action in USDC. He is fully aware of the importance of the Bureau's applicant recruitment program and participates in this program at every available opportunity. He is fully entitled to the rating of excellent.

BS
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

NA

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

On 10/7/66, SA THREADGILL was censured by the Director for his delay in handling an interview in an SSA matter. This was considered in the rating of Item 12 on the rating guide and check-list.

7. PARTICIPATION IN INFORMANT PROGRAMS:

During this rating period SA THREADGILL developed 4 PCIs and one CI and is presently handling one PSI and one CI. He is aware of the importance of the informant program and his performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

During this rating period SA THREADGILL testified on one occasion before the USC. He has previously testified in USDC and before the FGJ and is a competent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS: SA THREADGILL is ASRA at the Monterey RA. He is a mature, well experienced, above average agent and handles the most difficult assignments with a minimum of supervision and is well qualified for his assignment as an RA.

BS
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

af
Initials

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/24/67

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☒ Remylet 11/21/66
☐ ReBulet☒ Re physical examination 8/18/66
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☐ Employee's physical condition is
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Additional eye clinic follow-up, as recommended by medical examiner on 11/18/66, afforded employee at DS NH, Oakland, 5/19/67. Results attached. As recommended, yearly re-check will be made in connection with annual physical examination.

ENCLOSURE

① - Bureau (Encl. 1)
1 - SF
FOC:hko
(2)will follow
JJP
5-29-67THREE
JJP

67-NOT RECORDED

7 JUN 1 1967

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

EYE CLINIC

19 MAY 1967

Age 45

D 20/20
S 20/15

in 0945
App 0945

No ocular complaints

In Aug 66 microangioma +
flame hemorrhage O.S. noted.

G.T. - was reported

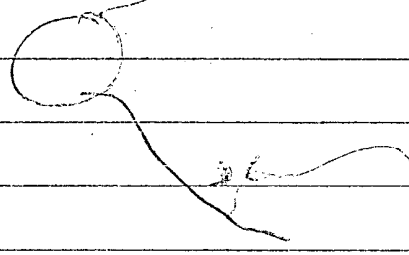
V 20/20
20/15

Opt - 2

Per R/W

Gom - full

Papillary + dilated 10% hae x 2. (1135)
16.0 / 5.0 / 5.0



No significant change
No significant change

Recheck again

G.D. Ball

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Threadgill, Burney 35
SBI for ENCLOSURE



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA BURNEY THREAGILL, JR	6/1/67	SF

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary)	Relationship
[Redacted]	WIFE b6
Address P.O. Box 5025 CARMEL, CALIF. 93921	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of **agents killed in the line of duty, other than travel accidents.**

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Special Insurance Fund

Very truly yours,

JUN 7 1967

J. Edgar Hoover, Director **33**

Burney Threagill Jr
Special Agent

B-ecd

July 21, 1967

PERSONAL

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Threadgill:

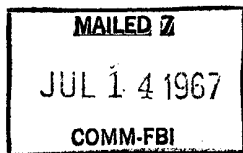
As you are undoubtedly aware, today marks your Twentieth Anniversary with the Federal Bureau of Investigation. Not only do I wish to extend my sincere congratulations to you on this occasion, but, in addition, I wish to present your Twenty-Year Service Award Key.

In your various assignments with our organization you have had an opportunity to participate firsthand in many of the matters which have glorified the Bureau's history. From these I know you have acquired an appreciation of the tremendous problems confronting us and have contributed a great deal to the successes we have had. I hope we may have the benefit of your experience and talents for many years to come.

With best wishes and kind regards,

Sincerely, REC-145

J. Edgar Hoover



67-420376-107	
Searched	Numbered
8 JUL 18 1967	

[Handwritten signature]

Enclosure

1 - SAC, San Francisco (Personal Attention)

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

LDH:jhb

(4)

67-420376

MAIL ROOM ☐ TELETYPE UNIT ☐



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>BURNEY THREADGILL, JR</u>	<u>7/19/67</u>	<u>SF</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship	b6
[Redacted]	<u>WIFE</u>	

Address	
<u>P.O. Box 5025 CARMEL, CALIF - 93921</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Enclosed
Special Agents Insurance Fund

NCS

J. Edgar Hoover, Director

25

Burney Threadgill Jr
Special Agent

B-ecd

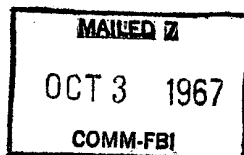
SAC, **SAN FRANCISCO****10-2-67**

Director, FBI

PERSONAL ATTENTION

BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

- ☐ ReBulet _____.
- ☒ Reurlet **5-24-67** _____.
- ☒ Re Physical Examination **8-18-66** _____.
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☒ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.
- ☐



RAD
(2)

REPLY **ATTENTION PERSONNEL SECTION**

MAIL ROOM ☐ TELETYPE UNIT ☐

WPC-WDZ

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/11/67

FROM : *CWB* San Francisco

Attention: Personnel Section

SUBJECT: Burney Threadgill, Jr.
Special Agent
Physical Examination Matter☐ Remylet _____
☒ ReBulet 10/2/67 _____

- ☒ Re physical examination 8/24/67 _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

- ☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Bureau will be advised when employee has had an opportunity to review and initial file copy of physical examination report.

① - Bureau (Encl. 1)
1 - SF
CWB:foc
(2)

will follow
10-23-67
67-NOT RECORDED-2

OCT 24 1967
45THREE
llc

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent FBI	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION F.B.I. ANNUAL	6. DATE OF EXAMINATION 24 Aug 67
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	
10. AGENCY F.B.I.		11. ORGANIZATION UNIT San Francisco, Calif.	
12. DATE OF BIRTH 28 Oct. 21		13. PLACE OF BIRTH Biloxi, Mississippi	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Naval Hospital, Oakland	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNO- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

25 OS Small capillary aneurysm just inferior to macula. Previously described. NCD

48 Tracing of 8-24-67
1. Normal tracing.
2. No significant change since 8-18-66

67-420 376-108
Searched Numbered
2 OCT 17 1967

REC-145

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES TYPE III EXAM. CLASS III NCD
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	1 X 2 3 4 5 (6 X) 8 9 10 11 12 13 14 15 X 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 X O O O O O O O O X	

45. URINALYSIS: A. SPECIFIC GRAVITY 1.028		46. CHEST X-RAY (Place, date, film number and result) Naval Hospital, Oakland, Calif. Film # 20484 10/28/67 WNL	
B. ALBUMIN Neg.		D. MICROSCOPIC	
C. SUGAR Neg.		E. EKG	
47. SEROLOGY (Specify test used and result) VDRL NON REACTIVE		49. BLOOD TYPE AND RH FACTOR NA	
48. EKG SEE ABOVE		50. OTHER TESTS NONE	

4 OCT 24 1967 45

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70"		52. WEIGHT 170		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE Normal																														
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																				
A. SITTING SYS. 103 DIAS. 78		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																												
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																		
RIGHT 20/ 20 CORR. TO 20/				BY S. OX				J-1 CORR. TO BY																																		
LEFT 20/ 20 CORR. TO 20/				BY S. OX				J-1 CORR. TO BY																																		
62. HETEROPHORIA (Specify distance)																																										
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result) FALANT PASSED				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED		CORRECTED																												
RIGHT LEFT																																										
66. FIELD OF VISION Normal				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION Normal																														
70. HEARING				71. ASA AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV /15 SV /15				<table border="1"> <tr> <td></td> <td>250 850</td> <td>500 518</td> <td>1000 1084</td> <td>2000 2015</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8198</td> </tr> <tr> <td>RIGHT</td> <td>5</td> <td>5</td> <td>5</td> <td>10</td> <td>20</td> <td>30</td> <td>-</td> <td>40</td> </tr> <tr> <td>LEFT</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>15</td> <td>-</td> <td>35</td> </tr> </table>									250 850	500 518	1000 1084	2000 2015	3000 2896	4000 4096	6000 6144	8000 8198	RIGHT	5	5	5	10	20	30	-	40	LEFT	5	5	5	5	5	15	-	35				
	250 850	500 518	1000 1084	2000 2015	3000 2896	4000 4096	6000 6144	8000 8198																																		
RIGHT	5	5	5	10	20	30	-	40																																		
LEFT	5	5	5	5	5	15	-	35																																		
LEFT WV /15 SV /15																																										

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

None

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

25 OS, small capillary aneurysm just inferior to macula. NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check):

A. ☒ IS QUALIFIED FOR performing all the duties of his position
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
DON LINKER MC LT USNR

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

G. R. ROBERTSON JR LT DC USN

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL Burney Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-420376-108

Desirable Weight Ranges for Males

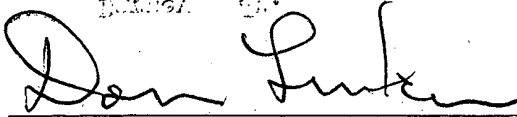
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


 Signature of Medical Examiner
 D. LINKER LT MC USNR

8-24-1967

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/30/67

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☒ Remylet 10/11/67
☐ ReBulet☒ Re physical examination 8/24/67
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☐ Employee's physical condition is
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

① - Bureau
1 - SF
CWB:foc
(2)*no further
action nec
11-6-67
rad*67-NOT RECORDED
NOV 7 1967THREE
rad

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
THREADGILL,	BURNEY,	JR (NMI)	Oct. 28, 1921	426	14	1799
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			
FEDERAL BUREAU OF INVESTIGATION SAN			FRANCISCO, CALIFORNIA, 94102			

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

2/7/68

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 14 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box **C** of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box **B**, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
(b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
Office of Federal Employees' Group Life Insurance
(Statistical Study)
4 East 24th Street
New York, New York 10010
(c) If the employee marked box **B**, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
(b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box **C**), **A** and **B** elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 4/3/68

I certify that I have ☒ received ☐ returned the following Government property for official use:

New Commission Card with case # 4303

RETURNED

Old Commission Card with case # 4303

FILE
3/27/68

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) Burney Threadgill, Jr.

(Typed name) Burney Threadgill, Jr.

61-11-68

W. J. Hamilton

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.Where Assigned: SAN FRANCISCO
(Division)

(Section, Unit)

Official Position Title and Grade: Special Agent, GS-13Rating Period: from April 1, 1967 to March 31, 1968ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsBT

Rated by:

Albert P. Clark
SignatureSupervisor
Title3/31/68
Date

Reviewed by:

Charles J. Bates
SignatureSAC
Title3/31/68
Date

Rating Approved by:

W. P. Callahan
SignatureAssistant Director
TitleAPR 22 1968
Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REG-135

67-420376-109

Searched _____ Numbered _____

5 APR 17 1968 32

2 APR 23 1968

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

BURNEY THREADGILL, JR.

Name of Employee

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
 E Excellent.
 V Satisfactory (good or very good).
 - Unsatisfactory.
 O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>E</u> (a) Investigative reports <u>E</u> (b) Summary reports <u>E</u> (c) Memos, letters, wires (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>E</u> (20) Executive ability: <ul style="list-style-type: none"> <u>E</u> (a) Leadership <u>E</u> (b) Ability to handle personnel <u>E</u> (c) Planning <u>E</u> (d) Making decisions <u>E</u> (e) Assignment of work <u>E</u> (f) Training subordinates <u>E</u> (g) Devising procedures <u>E</u> (h) Emotional stability <u>E</u> (i) Promoting high morale <u>E</u> (j) Getting results |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> (23) Ability to work under pressure. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability <u>E</u> Applicant Recruiting |
| <u>E</u> (10) Accuracy and attention to pertinent detail. | |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>E</u> (a) Internal security cases <u>E</u> (b) Criminal or general investigative cases <u>E</u> (c) Fugitive cases <u>E</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>+</u> (15) Physical surveillance ability. | |

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security - C Squad #9; Criminal; Alternate Senior Resident Agent

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

BT

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL's everyday appearance is neat and conservative. He is mature; has a good personality, and is aggressive and effective in his contacts.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

He is an experienced Agent and well qualified to lead or participate in raids and dangerous assignments. He was credited during the past year with six fugitive apprehensions.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

No limitations on availability. No physical limitations affecting performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL handles security and racial matters, and Selective Service cases in the Monterey Resident Agency and assists where needed on applicant and criminal cases. His overall performance is excellent. He is loyal, enthusiastic, intelligent, and shows initiative and ingenuity in handling his cases. He is alert for new investigative matters and was responsible for one interview under the applicant program, the importance of which he fully appreciates. He was credited with \$950 FSR, one car, and one conviction. He is an experienced Agent and well able to handle complicated investigative matters and requires little supervision.

95
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

He shared in a commendation 2/12/68, in the investigation and apprehension of two subjects of a UFAP case.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

Not applicable.

7. PARTICIPATION IN INFORMANT PROGRAMS:

He developed one PCI, two racial liaison sources, and is handling one CI. Recently he is devoting additional time to the further development of racial sources.

8. TESTIFYING EXPERIENCE AND ABILITY:

He did not testify during the past year, but previously has been rated a competent and excellent witness.

9. ACCOUNTING INFORMATION:

Not applicable.

10. POLICE INSTRUCTION:

Not applicable.

11. RESIDENT AGENTS:

SA THREADGILL is Alternate Senior Resident Agent at Monterey. He is mature, well experienced and above average. He commands the respect of law enforcement and public officials and is well qualified for his assignment.

96
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Not applicable.

13. FOREIGN LANGUAGE ABILITY:

Not applicable.

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

66
Initials

SAC, San Francisco

6/11/68

Director, FBI

Burney Threadgill, Jr.
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 5/27 to 6/7/68☐ Criminal☐ Accounting☒ Security☐ Expert Firearms-Defensive Tactics☐ Basic☒ Advanced, Communist Matters☐ _____

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained.

MAILED 10
JUN 11 1968
COMM-FBI

Notebook _____

Examination _____

Shotgun Course #2 _____ 16/25

Rifle _____ 82

Machine Gun _____ 98

Specialized Training:

	From	To
Admin. Firearms:	_____	_____
_____ :	_____	_____

Tolson _____

DeLoach _____

Mohr _____

Bishop _____

Casper _____

Callahan _____

Conrad _____

Felt _____

Gale _____

Rosen _____

Sullivan _____

Tavel _____

Trotter _____

Tele. Room _____

Holmes _____

Gandy _____

1-SA

Burney Threadgill, Jr.
San Francisco

HLS:les

(3) NOT RECORDEDMAIL ROOM ☐ TELETYPE UNIT ☐

June 11, 1968

Dear Mr. Threadgill:

It was indeed a pleasure to see your fine family and you this morning, and I was particularly touched to receive the magnificent picture of the Monterey Coast together with the card of best wishes. It meant a great deal to me to be remembered in such a thoughtful way by all the children in [redacted] and I hope you will express to [redacted] and the children my thanks and deepest appreciation.

As a memento of the occasion, I am sending to you, under separate cover, a copy of the photograph taken this morning.

I hope you all enjoyed your time here in Washington and that you had a wonderful trip home.

Sincerely,

J. EDGAR HOOVER

67-420376-112	
Searched	Numbered
7 JUN 12 1968	

Mr. Burney Threadgill, Jr.
P. O. Box 5025
Carmel, California 93921

1 - [redacted] (sent direct)
JEH:edm (4)

SENT FROM D. O.	
TIME	11:25 AM
DATE	6-11-68
BY	[signature]

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

May 31, 1968

Bureau of Investigation, St.
Mr. Charles W. Bates
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Bates:

It is a pleasure to commend, through you, Assistant Special Agent in Charge James T. Moreland and the personnel in the San Francisco Division who performed so ably during an operation relative to a Kidnaping case involving an unknown subject.

This was a fast-moving operation and it was necessary to provide extensive coverage to meet the changing instructions as to the pay-off site. All participants discharged their duties admirably and I want you to express my appreciation to Mr. Moreland for his expert leadership and to the others for their excellent services.

Sincerely yours,

1 - SAC, San Francisco (Personal Attention)

Based on information received, Bureau does not consider individual letter for ASAC Moreland, as you recommended, is warranted. Place copy of this letter in his personnel file and in files of other participants.

1 - Miss Usilton (Sent Direct)

LRH:bjk
(175)

Based on San Francisco letter 5/23/68 and addendum General Investigative Division 5/28/68 re Unknown Subject; [redacted] Victim; Kidnaping; Extortion.

67-NOT RECORDED

7 JUN 14 1968

~~Copies prepared and attached for placing in personnel files of:~~ (OVER)

Mr. Charles W. Bates
FBI, San Francisco

b6

Kuno, Donald W.
Leonard, Robert M.

[REDACTED]
Lile, James E.

[REDACTED]
Luebben, Richard E.
MacDonald, Daniel G.
Mahoney, Gerald D.
Mann, Robert U.

[REDACTED]
McGee, Thomas C.

[REDACTED]
McLaughlin, William F.
McMullen, Richard J.
McNaught, Joseph E.

[REDACTED]
Miller, Alfred C.

[REDACTED]
Miller, Samuel A.
Mitchell, Frank W.
Monroe, Charles P.

[REDACTED]
Moothart, Perry W.

[REDACTED]
Mudd, Herbert K. Jr.
Nelson Everett W.

[REDACTED]
Nestlerode, Norman B. Jr.
Nichols, Richard E.
Norton, Dale F.
Norton, Gerard James
Nott, W. Hugh
Nottingham, Philip B.

[REDACTED]
O'Flynn, Edward J.

[REDACTED]
Page, John M.

[REDACTED]
Perrone, Frank S.
Poole, William P.
Prout, Irving J.
Quigley, Joseph T.
Rauch, Ewing H. Jr.
Raudsep, Edwin O.

[REDACTED]
Redmond, John G.
Richmond, Warren W.
Riordan, John F.

[REDACTED]
Schon, Leo A.

[REDACTED]
Slattery, William J.
Smith, George W.
Smith, Joseph F.

[REDACTED]
Sullivan, Thomas J.
Tarleton, James E. Jr.
Teeter, Keith G.

[REDACTED]
Thau, Robert E.
Threadgill, Burney Jr.

[REDACTED]
Tosaw, Michael A.



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D.C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>BURNEY THREADGILL, JR.</u>	<u>5/15/68</u>	<u>San Francisco</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u> b6	<u>wife</u>

Address	
<u>P.O. Box 5025 Carmel, California 93921</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u> b6	<u>wife</u>

Address	
<u>P.O. Box 5025 Carmel, California 93921</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 3 1968

J. Edgar Hoover, Director

Burney Threadgill Jr
Special Agent

38

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 5/10/68

FROM : SAC, SAN FRANCISCO

SUBJECT: SA BURNEY THREADGILL JR.
REQUEST FOR FAMILY OF SA
TO TOUR BUREAU HEADQUARTERS AND
MEET WITH DIRECTOR

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Bishop	✓
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

SA THREADGILL is scheduled to attend In-Service Training 5/27/68 - 6/7/68. He has made plans to have his wife and two minor children join him in Washington subsequent to his In-Service.

SA THREADGILL desires to take his family on a tour of Bureau headquarters on 6/11/68 and if at all possible would appreciate the opportunity to have his family meet Director HOOVER.

Bureau is requested to advise if arrangements can be made for SA THREADGILL to meet with Director on 6/11/68.

② - Bureau / cc detached
1 - SF for Tel. Rm.
JTM:hko 5/13/68
(3) h

Director to rec
10 AM 6/11/68
Telephonically
Confirmed Arrs
ASAC moved
S.F. 12⁰⁰ P 5/15/68
9M

REC-150

67-20376-113	
Searched	Numbered
8 JUN 10 1968	

JUN 19 1968 62

THREE
OFFICE

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 6/7/68

FROM : J. B. Adams *JBA*

SUBJECT: SA BURNEY (THREADGILL, JR.
San Francisco Office
Alternate Senior Resident Agent - Monterey, California
Veteran
EOD 7/21/47; GS-13, \$16,207

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

The following is a brief summary of SA Threadgill's record for the Director's use. He has been attending Advanced Security - Communist Matters School which will end today, 6/7/68.

He entered on duty 7/21/47 as a Special Agent and served in several offices prior to his transfer to the San Francisco Office on 11/14/52, where he is presently serving as Alternate Senior Resident Agent at Monterey, California. He is in Grade GS-13, \$16,207 per annum. He is 46 years of age, married and has 2 children.

He was COMMENDED on one occasion, this being on 6/3/63, through the SAC, for participating in such an excellent fashion in an operation of considerable value to the Bureau in the security field. (Re: Progressive Youth Organizing Committee, Internal Security-C). He received one CASH AWARD on 11/7/56. He was CENSURED on one occasion, this being on 10/7/66 inasmuch as there was an unreasonable delay on his part in handling a pertinent interview in connection with the Selective Service Act case involving [redacted] b6

On 3/31/68 he received a rating of EXCELLENT with comments stating he handled security and racial matters, and Selective Service cases in the Monterey Resident Agency and assisted where needed on Applicant and Criminal cases. He was an experienced Agent and well able to handle complicated investigative matters and required little supervision. He was not interested in administrative advancement. His overtime performance is considered satisfactory.

He is presently serving in his only office of preference, San Francisco

REC-150

67-420376-114
office of preference
8 JUN - 1968

npc
gmc

FDH:jef (2)

Enclosure - Photograph *62*

JUN 20 1968

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 9/13/68

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Remylet _____☐ ReBulet _____X ☒ Re physical examination 8/22/68☐ Dental work was completed on _____☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☐ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

Remarks: Bureau will be advised when employee has had an opportunity to review and initial file copy of physical examination report.

① - Bureau (Enc. 1) *ENCLOSURE* Appointment has been made with urologist, Dr. William N. Harness, on 9/16/68. Results will be forwarded to Bureau as soon as received in this office.

1 - SF
CWB:foc
(2)

*Will forward
but
9-24-68*

SEP 24 1968

THREE
CWB

375-3123

624-8728

PORT OF MEDICAL EXAMINATION

88-109

1. LAST NAME—FIRST NAME—MIDDLE NAME Threadgill, Burney Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent FBI	3. IDENTIFICATION NO. E17
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 28 Oct. 31 B. I. Oxi, Mississippi		5. PURPOSE OF EXAMINATION F.B.I. Annual	6. DATE OF EXAMINATION AUG 22 1968
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY	10. AGENCY F.B.I.
11. ORGANIZATION UNIT SAN FRANCISCO, Calif.		12. DATE OF BIRTH 28 Oct. 31 B. I. Oxi, Mississippi	
13. PLACE OF BIRTH Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS US Army Hospital Ft Ord Medical Examination Clinic		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	X
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	X
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

17.25 0.5 in capillary aneurysm just inferior to nose. Previously described N.C.D.

17.2 Prostate st & symmetrically enlarged

REC-139

67-420376-115
7 SEP 18 1968 57

MAILED
lab

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth		X—Missing teeth		(6 X 8)—Fixed bridge, brackets to include abutments											
/—Nonrestorable teeth		XXX—Replaced by dentures													
R	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
I	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
G															
H															
T															

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

AUG 22 1968

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) US Army Hospital Ft Ord Medical Examination Clinic E17 neg	
B. ALBUMIN neg	D. MICROSCOPIC normal		
C. SUGAR neg			
47. SEROLOGY (Specify test and result) ROUTINE MICROSCOPIC EKG	49. BLOOD TYPE AND RH FACTOR WVW	50. OTHER TESTS	
NON-REACTIVE			

Initials

McMASTER 4524 9-12-58 #75

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70	52. WEIGHT 170	53. COLOR HAIR BRN	54. COLOR EYES BRN	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING SYS. 128 DIAS. 80	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 88		B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.		
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION				
RIGHT 20/20	CORR. TO 20/	BY	S.	CX		J-1	CORR. TO	BY		
LEFT 20/20	CORR. TO 20/	BY	S.	CX		J-1	CORR. TO	BY		
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD			
63. ACCOMMODATION			64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		
RIGHT	LEFT		Normal					CORRECTED		
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)			68. RED LENS TEST		69. INTRAOCULAR TENSION		
								15.6 15.6		
70. HEARING			71. AUDIOMETER							
RIGHT WV	/15 SV	15/15	250	500	1000	2000	3000	4000	6000	8000
LEFT WV	/15 SV	15/15	250	500	1000	2000	3000	4000	6000	8000
			RIGHT	50	10	15	30	30	30	30
			LEFT	50	10	15	30	30	30	30
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)										

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Showing no evidence of slight hesitancy in arm only. No other signs of B.P.H. except mild generalized hypertrophy of prostate.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

See #73

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Eval by urologist for B.P.H. Thrombosis

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

Strenuous physical activity

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

John M. Provost, M.D.

SIGNATURE

John M. Provost

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

R.R. Tausch, Capt D.C.

SIGNATURE

R.R. Tausch

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Threadgill Burney
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-420376-115

Initials _____

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 9/17/68

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

b6

☒ Remylet 9/13/68
☐ ReBulet

☐ Re physical examination
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☒ Employee's physical condition is (See Remarks)
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

On September 16, 1968, after examination by Dr. WILLIAM N. HARNESS, SA THREADGILL's condition was diagnosed as a prostate infection.

SA THREADGILL is scheduled for further tests and his next visit with Dr. HARNESS is scheduled for September 24, 1968.

The Bureau will be kept advised.

1 SEP 24 1968

1 - Bureau
1 - San Francisco
AGH/sms #11
(2)

Wanted
9-19-68
mem

will follow
llc
9-23-68

THREE

RLS to SAC
re phys cond
10-25-68

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 9/19/68

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: Burney Threadgill, Jr.
Special Agent
Physical Examination Matter

☒ Remylet 9/13/68
☐ ReBulet

☒ Re physical examination 8/22/68
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed

by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☐ Employee's physical condition is
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

① - Bureau
1 - SF
CWB:foc
(2)

*no further
action nec
9-24-68
llc*

67-NOT RECORDED
8 SEP 26 1968

148

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/30/68

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION

Re Bureau routing slip to San Francisco, dated 10/25/68.

☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☒ Employee's physical condition is (See Remarks) _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

On October 29, 1968, Dr. GEORGE E. DUEKER, M.D.,
furnished the following statement regarding SA THREADGILL's
physical condition:

"To whom it may concern:

"Mr. THREADGILL has been treated in this office for
a mild prostatic condition. His condition will not in any way
interfere with the performance of his strenuous duties as a
Special Agent of the FBI. Mr. THREADGILL's next appointment at
this office is December 2, 1968."

① - Bureau

1 - San Francisco

AGH/sms #11

(2)

NOT RECORDED
1 NOV 5 1968

The Bureau will be kept advised.

will follow
etc, 11-4-68THREE
llc

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/5/68

FROM : SAC, SAN FRANCISCO (67-11184)

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION☒ Remylet 10/30/68
☐ ReBulet☐ Re physical examination
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☒ Employee's physical condition is (See Remarks)
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

On December 2, 1968, Dr. GEORGE E. DUEKER, M.D., advised that SA THREADGILL's mild prostatic condition has been corrected.

No further correspondence will be submitted in this matter.

67-NOT RECORDED

1 - Bureau 11 1968

1 - San Francisco

AGH/sms
(2)

58

12-10-68

April 8, 1969

Mr. Burney Threadgill, Jr.
Post Office Box 5025
Carmel, California 93921

Dear Mr. Threadgill:

I am pleased that your condition is satisfactory following surgery, and hope your convalescence will proceed rapidly.

You should heed your doctor's instructions carefully, by no means permitting concern over your absence from duty to retard your recovery.

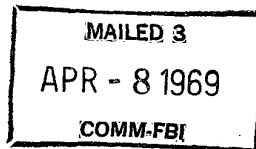
Sincerely,
J. Edgar Hoover

1 - SAC, San Francisco (Personal Attention)

CLB
(4)

Address obtained from file.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____



NOT RECORDED
10 APR 16 1969

MAIL ROOM ☐ TELETYPE UNIT ☐

me/ [signature]
[signature]

man

JBA
WSE

**PERSONAL INFORMATION
AND/OR
REQUEST FOR LEAVE**

TO : DIRECTOR, FBI

DATE: 4/3/

FROM: SAC, SAN FRANCISCO

Name SA BURNEY THREADGILL, JR. RA Social Security No. 426-14-1799

Assigned SAN FRANCISCO OFFICE EOD 7/21/47

REQUEST FOR LEAVE WITHOUT PAY		LWOP from _____ to _____
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:		
ILLNESSES		
Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks)		
<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Disease <input checked="" type="checkbox"/> Operation		
Date sick leave commenced 4/2/69	Date ceased active duty 4/2/69	Expected date of return to duty 5/5/69
Address: Confined at: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence Carmel Community Hospital Carmel, California		
EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave Employee has _____ hours of annual leave and _____ hours of sick leave (if applicable)-accrued.		
DEATHS		
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Other Relationship _____		
Name of deceased	Date and place of death	
Employee's residence address	If employee is leaving residence because of this death, what will be his temporary address? Time and date of departure: _____ Anticipated time and date of return: _____	

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

Surgery on 4/3/69 for herniaorrhopy (hernia repair) and diagnostic cystoscopy. Postoperative condition is satisfactory.

Dir. Pers. Note
4-8-69
clb

- 1 - Bureau
2 - San Francisco
(1 - Personnel File - SA THREADGILL)
(1 - Health Service)

AGH/sms
(3)

Noted
4/11/69

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 4/8/69

FROM : SAC, SAN FRANCISCO (67-11184)

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION

☒ Remylet 4/3/69
☐ ReBulet

☐ Re physical examination
☐ Dental work was completed on
☐ Vision has been corrected to
by that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☒ Employee's physical condition is (See Remarks)
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

SA THREADGILL returned home on April 7, 1969, and it is expected that he will be recuperating at home from recent surgery until May 5, 1969.

1 - Bureau
1 - San Francisco
AGH/sms

(2)
67-NOT RECORDED
173 APR 18 1969

Noted
4-14-69

THREE

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT - GS-13Rating Period: from April 1, 1968 to March 31, 1969ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials
BSRated by: [Redacted] Supervisor 3/31/69
Signature Title DateReviewed by: Charles W. Bates Special Agent
Signature Title Date
W. P. Callahan Assistant Director 3/31/69Rating Approved by: [Redacted] Assistant Director APR 23 1969
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

67-420376-116

Searched	Numbered
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative	10 APR 17 1969
<input checked="" type="checkbox"/> 60-Day	
<input type="checkbox"/> 90-Day	
<input checked="" type="checkbox"/> Transfer	
<input checked="" type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

EC-138

10 APR 24 1969

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR.

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>E</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (18) Reporting ability: |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>E</u> (a) Investigative reports |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>E</u> (b) Summary reports |
| <u>E</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (c) Memos, letters, wires |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>O</u> (19) Performance as a witness. |
| <u>E</u> (9) Planning ability and its application to the work. | <u>E</u> (20) Executive ability: |
| <u>E</u> (10) Accuracy and attention to pertinent detail. | <u>E</u> (a) Leadership |
| <u>E</u> (11) Industry, including energetic, consistent application to duties. | <u>E</u> (b) Ability to handle personnel |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | <u>E</u> (c) Planning |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | <u>E</u> (d) Making decisions |
| <u>E</u> (14) Investigative ability and results: | <u>E</u> (e) Assignment of work |
| <u>E</u> (a) Internal security cases | <u>E</u> (f) Training subordinates |
| <u>E</u> (b) Criminal or general investigative cases | <u>E</u> (g) Devising procedures |
| <u>E</u> (c) Fugitive cases | <u>E</u> (h) Emotional stability |
| <u>O</u> (d) Applicant cases | <u>E</u> (i) Promoting high morale |
| <u>O</u> (e) Accounting cases | <u>E</u> (j) Getting results |
| <u>E</u> (15) Physical surveillance ability. | <u>E</u> (21) Ability on raids and dangerous assignments: |
| | <u>E</u> (a) As leader |
| | <u>E</u> (b) As participant |
| | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| | <u>+</u> (23) Ability to work under pressure. |
| | <u>✓</u> (24) Miscellaneous. Specify and rate: |
| | <u>✓</u> Dictation ability |

Applicant Recruitment

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security - C Squad #11; Criminal; Alternate Senior Resident Agent

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

- D. 1. ~~Has employee had an abnormal sick leave record during rating period?~~ No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

26

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL presents a mature, businesslike appearance. He has a pleasant, friendly personality and is always neatly attired. He has demonstrated his aggressiveness and effectiveness in his contacts with the general public and law enforcement agencies with whom he comes in contact.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

In the past, SA THREADGILL has demonstrated that he is qualified to participate in raids and dangerous assignments, both as a leader as well as a participant. During the rating period, he was credited with five fugitive apprehensions and he has the ability to carry out the above assignments in the future.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on his availability nor are there any physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to Security - C Squad #11 and is the Alternate Senior Resident Agent in Monterey, California, where his principal investigative responsibilities are concerned with security and racial matters and Selective Service cases. He is also asked to assist on applicant matters and other criminal cases in the Monterey area. SA THREADGILL is a very experienced, capable Agent who has an excellent outlook on his work. He is conscientious, enthusiastic, and has demonstrated his ability to handle the investigation and reporting of complex matters in the above categories with a minimum of supervision. He has willingly accepted new responsibility and has equitably shared in the workload and overtime of the Monterey Resident Agency. In his day-to-day contacts he is constantly aware of the Bureau's needs for qualified applicants. His overall performance is such that he is entitled to the rating of excellent.

ao
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

See Page 2a

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

Not applicable

7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period he submitted three PSIs and 11 PRIs for development. He has handled one CI and currently has assigned two PSIs. Also, he was responsible for the development of an SAC contact.

8. TESTIFYING EXPERIENCE AND ABILITY:

SA THREADGILL did not testify during the past year, but his performance in this regard in the past has been considered excellent.

9. ACCOUNTING INFORMATION:

Not applicable.

10. POLICE INSTRUCTION:

Not applicable.

11. RESIDENT AGENTS:

SA THREADGILL is the Alternate Senior Resident Agent at Monterey, California, where he has performed the duties of Resident Agent in an excellent manner to date. He has an excellent attitude, is diligent in his work, and willingly shares in the workload of the


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

On May 31, 1968, SA THREADGILL, among others, was commended by letter from the Director for his participation in a kidnapping case.

On October 30, 1968, SA THREADGILL, among others, was again commended by letter from the Director for his performance in another kidnapping case.

On December 6, 1968, WILLIAM A. DAVENPORT, Sheriff, County of Monterey, in a letter to the Special Agent in Charge, San Francisco, commended SA THREADGILL, among others, for the valuable assistance which he furnished to the Sheriff's Office which was directly responsible for the arrest of three armed and dangerous robbery suspects.

11. RESIDENT AGENTS (CONTINUED):

Resident Agency. He is well regarded by his fellow Agents and by other members of law enforcement agencies in his territory.

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Not applicable.

13. FOREIGN LANGUAGE ABILITY:

Not applicable.

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No


Initials

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/7/69

b6

FROM : SAC, *CW* SAN FRANCISCO (67-11184)

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION *RA*

☒ Remylet 4/8/69
☐ ReBulet

☐ Re physical examination
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
by that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☒ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☒ Employee returned to active duty 5/5/69
☒ Employee's physical condition is satisfactory
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc. 1) ENCLOSURE
1 - San Francisco
AGH/sms
(2)


RECORDED
10 MAY 20 1969

THREE

May 6, 1969

To whom it may concern:

I certify that Burney Threadgill, Jr., Special Agent of the FBI, is physically able to participate in firearms and strenuous exertion.


Clyn Smith, M.D.
889 Pacific Street
Monterey, California

ENCLOSURE

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE THREADGILL BURNEY JR	SOCIAL SECURITY NUMBER 426-14-1799
---	---

NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892—QUALITY INCREASE	<input type="checkbox"/> 896—ADMIN. PAY INCREASE	6/ 1/69	6/ 5/66
<input checked="" type="checkbox"/> 893—WITHIN GRADE INCREASE	<input type="checkbox"/> 897—ADMIN. PAY DECREASE		
<input type="checkbox"/> 894—PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-13	STEP OR RATE STEP 8	OLD SALARY \$17,289.00	NEW SALARY \$17,769.00

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	3/6

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

~~NOT RECORDED~~
14 JUN 8 1969

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

6/ 1/69
(DATE)

PERSONNEL FILE COPY

August 25, 1969

Mr. Charles W. Bates
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Bates:

I am pleased to commend, through you, those agents in the San Francisco Division who participated so capably in the investigation of the Unlawful Flight to Avoid Prosecution case involving [redacted]

b6

These men handled their assignments in a persistent and discreet fashion and, as a result, assisted materially in the success achieved with the [redacted]. Please convey my appreciation to them for their fine performance.

Sincerely yours,

1 - SAC, San Francisco (Personal Attention)

Place a copy of this letter in files of personnel who participated in this matter but were not individually recognized.

1 - Miss Usilton (Sent Direct)

JMP

(13)

Based on Gale-Eddy memo 8/19/69 re [redacted]

[redacted], also known as, Unlawful Flight to Avoid Prosecution - Larceny by Conversion.

DUPLICATE YELLOW

Copies prepared and attached for placing in personnel files of: (OVER)

67-NOT RECORDED
8 SEP 9 1969

Mr. Charles W. Bates
FBI, San Francisco

b6

[REDACTED]
Francis M. Connolly, Jr.

[REDACTED]
William M. Kicwell, Jr.
Frank W. Mitchell

[REDACTED]
Murray Threadgill, Jr.

REPORT OF MEDICAL EXAMINATION

88-103

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney Jr.			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) Atherton Place Carmel, California			5. PURPOSE OF EXAMINATION FBI ANNUAL		6. DATE OF EXAMINATION 21 AUG 69	
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	11. ORGANIZATION UNIT San Francisco, California	
12. DATE OF BIRTH 28 OCT 1921		13. PLACE OF BIRTH Biloxi, Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Naval Hospital, Oakland, California				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 19, 40 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas, Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 78)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

#50. HEMATOLOGY: WBC-6800, Neutrophils-74
Lymphocytes-24, Monocytes-2, Sed. Rate-4
Hematocrit-48

RISD SAC
re: [unclear]
10-2-69

REC-130

67-420376-111
Searched
8 SEP 29 1969

ENCLOSURE

THREE
(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number if upper and lower teeth, respectively.)	
O—Restorable teeth I—Nonrestorable teeth	
X—Missing teeth XXX—Replaced by dentures	
(6 X's)—Fixed bridge, brackets to include abutments	
R I G H T	L E F T
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	X
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	F T
0	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
TYPE III CLASS II QUALIFIED

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result) NAVHOSP. OAKLAND, CALIFORNIA 21 AUG 69 #20267 WITHIN NORMAL LIMITS	
B. ALBUMIN NEG	D. MICROSCOPIC ESS. NEG.		
C. SUGAR NEG	47. SEROLOGY (Specify test used and result) WNL	48. EKG NA	49. BLOOD TYPE AND RH FACTOR NA
50. OTHER TESTS			

REL: OCT 2 1969

MEASUREMENTS AND OTHER FINDINGS																																																	
51. HEIGHT 70"		52. WEIGHT 170		53. COLOR HAIR BROWN		54. COLOR EYES BROWN		55. BUILD: <input type="checkbox"/> SLIM <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> COARSE		56. TEMPERATURE Normal																																							
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																											
A. SITTING SYS. 140 DIA. 84		B. RECUMBENT SYS. DIA. 		C. STANDING (3 min.) SYS. DIA. 		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER																																							
59. DISTANT VISION						60. REFRACTION		61. NEAR VISION																																									
RIGHT 20		CORR. TO 20		BY		S.		OX		CORR. TO																																							
LEFT 20		CORR. TO 20		BY		S.		OX		CORR. TO																																							
62. METEOROPHORIA (Specify distance)																																																	
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.																																							
								CT		FC																																							
63. ACCOMMODATION		64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																																							
RIGHT LEFT		FALANT: PASSED								CORRECTED																																							
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)						68. RED LENS TEST		69. INTRAOCULAR TENSION																																							
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)																																							
RIGHT WV		/15 SV		/15		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3072</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td>15</td> <td>15</td> <td>15</td> <td>20</td> <td>30</td> <td>40</td> <td>X</td> <td>45</td> </tr> <tr> <td>LEFT</td> <td>15</td> <td>15</td> <td>15</td> <td>20</td> <td>30</td> <td>30</td> <td>X</td> <td>45</td> </tr> </table>							250	500	1000	2000	3000	4000	6000	8000		250	512	1024	2048	3072	4096	6144	8192	RIGHT	15	15	15	20	30	40	X	45	LEFT	15	15	15	20	30	30	X	45		
	250	500	1000	2000	3000	4000	6000	8000																																									
	250	512	1024	2048	3072	4096	6144	8192																																									
RIGHT	15	15	15	20	30	40	X	45																																									
LEFT	15	15	15	20	30	30	X	45																																									
LEFT WV		/15 SV		/15																																													
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY:																																																	
None																																																	
(Use additional sheets if necessary)																																																	
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																																																	
None																																																	
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)																																																	
None																																																	
76. A. PHYSICAL PROFILE																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												P	U	L	H	E	S																																
P	U	L	H	E	S																																												
77. EXAMINEE (Check) performing all the duties of his position																																																	
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR																																																	
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																																																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>												A	B	C	E																																		
A	B	C	E																																														
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																																											
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																																											
T. HUDSON, LT MC USNR						T. Hudson																																											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE																																											
D. I. JOHNSTON, LT DC USNR						D. I. Johnston																																											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE																																											
										NUMBER OF ATTACHED SHEETS																																							

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, Burney Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-426276-112

Desirable Weight Ranges for Males

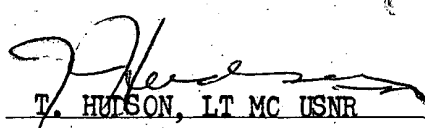
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


T. HUDSON, LT MC USNR

Signature of Medical Examiner

21 AUGUST 1969

Date

UNITED STATES GOVERNMENT

Memorandum

10/6/69

TO : Director, FBI

DATE:

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
SAN FRANCISCO DIVISION☐ Remylet _____
☒ ReBuyle/ R/S 10/2/69 _____☒ Re physical examination 8/21/69 _____☐ Dental work was completed on _____☐ Vision has been corrected to _____

Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☐ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

Remarks:

Near Vision: J-1 right eye.
J-1 left eye.NO FURTHER
ACTION NEEDEDm
10-9-691 - Bureau
1 - San Francisco
CWB:mbf
(2)

OCT 10 1969

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
ATTENTION: . PHYSICAL UNIT - 4541

DATE: 10/13/69

FROM : SAC, SAN FRANCISCO

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

ReBu r/s 10/10/69.

At the time SA THREADGILL took his annual physical examination the examining facility advised that in order for him to get an examination concerning his retinal hemorrhage it would be necessary for him to be rescheduled for another day. This has not been done to date and UACB he will not be rescheduled, however, this matter will be covered on his next annual physical examination.

WILL FOLLOW
10-17-69

- ② - Bureau
 - 1 - SF P/F
 - 1 - SF Health Service
- JTM:hko
(4)

REC-137

67-420376-118
OCT 20 1969

OCT 22 1969

REC.D VORIN DIA

THREE

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT - GS-13

Rating Period: from April 1, 1969 to March 31, 1970

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

BS

Rated by:



Supervisor

3/31/70

Title

Date

Special Agent
in Charge

Reviewed by:

Charles W. Bates

Signature

Title

3/31/70

Date

Rating Approved by:

W. J. Sullivan

Signature

Assistant Director

Title

APR 23 1970

Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-138

Searched

Numbered

APR 17 1970

52

5 APR 24 1970 37

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing.)

E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)

✓ **Satisfactory**

- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

CHECKLIST AND NARRATIVE COMMENTS

- E 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)

SA THREADGILL has no limitations on his availability nor any physical limitations affecting his performance. During the rating period he has used more sick leave than earned; however, this occurred as a result of his having to have a hernia operation in April, 1969. In May, 1969, his doctor certified him for strenuous physical exertion and use of firearms.

- E 5. Resourcefulness, ingenuity, and initiative.
E 6. Forcefulness and aggressiveness as required.
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E 8. Planning of work.
+ 9. Accuracy and attention to pertinent detail.
E 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
E 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E 12. Investigative results (rate applicable cases) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; 0 E. Accounting.

Complexity of investigative matters handled: ☐ None ☐ Moderate ☒ Most complicated.

Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

COMMENT on type of work handled entire rating period and appraisal of overall work performance:

SA THREADGILL is the Alternate Senior Resident Agent in Monterey, California, and is assigned to Squad #11. His assignments in the Resident Agency are principally concerned with security investigations of individuals in the New Left, racial matters, and Selective Service cases. SA THREADGILL is a loyal, dedicated employee who has continually displayed good judgment, initiative, and aggressiveness in handling his investigative assignments with a minimum of supervision. He is conscientious, readily accepts new responsibilities, and willingly shares in the workload and overtime of the Resident Agency. He has participated in the Bureau's applicant programs and was responsible for the recruitment of one clerical applicant. His overall performance entitles him to the rating of excellent.

- A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require?
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security C Squad #11 - Alternate Senior Resident Agent

EXCELLENT

ADJECTIVE RATING:

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

AB

(Checklist and Narrative Comments continued)

- E 13. Firearms
✓ 14. Development of informants and sources of information. COMMENT on participation in this program.

During the rating period, SA THREADGILL has submitted one PSI for development and at the present time he has two CIs and three PRIs assigned.

- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
E A. Investigative reports; 0 B. Summary reports; E C. Memos, letters, wires
E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)
E A. Leadership E F. Devising procedures
E B. Ability to handle personnel E G. Promoting high morale
E C. Making decisions E H. Getting results
E D. Assignment of work E I. Furthering equal employment opportunity.
E E. Training subordinates
E 18. Raids and dangerous assignments; 0 A. As leader; E B. As participant
E 19. Miscellaneous. Specify and rate:
E Dictation; E Applicant recruitment; NA Other
NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____
Anticipated use during ensuing year _____
22. Administrative Advancement: ☒ (Check block if not interested.)
A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
EXPLAIN if interested but not now qualified.

23. Number of Incentive Awards 0 Commendations 2 / shared Suggestions submitted 0
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None (List items taken into consideration on Checklist.)

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney (NMI) Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent	3. IDENTIFICATION NO. 426 14 1799
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) Atherton Place, Carmel, California 93921		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 7/30/70
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3y CIVILIAN 23y	
10. AGENCY F. B. I.		11. ORGANIZATION UNIT San Francisco Office	
12. DATE OF BIRTH 10/28/21		13. PLACE OF BIRTH Biloxi, Mississippi	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Naval Hospital, Oakland, California	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39. Right inguinal hernioplasty scar

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																								
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																																																																										
R I G H T	<table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr><tr><td>X</td><td></td><td></td><td></td><td></td><td>(6 X)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr></table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	X					(6 X)																			32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	TYPE II CLASS I DENTALLY QUALIFIED
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24																																																			
X					(6 X)																																																																					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9																																																			

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015		46. CHEST X-RAY (Place, date, film number and result) NH, Oakland, Calif. #19949-70 30 Jul 70 Normal	
B. ALBUMIN Neg	D. MICROSCOPIC	50. OTHER TESTS	
C. SUGAR Neg	Essentially Negative	Blood Chemistry: BUN 20 mgm% Glucose 92 mgm%, Cholesterol 220 mgm%	
47. SEROLOGY (Specify test used and result) VDRL: Non-reactive	48. C.E.K.G. WNL	49. BLOOD TYPE AND RH FACTOR	

Initials

5 SEP 23 1970

146

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70"		52. WEIGHT 165		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OVERSE		56. TEMPERATURE Normal	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 120 DIAS. 88		B. RECUMBENT SYS. 107 DIAS. 74		C. STANDING (3 min.) SYS. 120 DIAS. 88		D. AFTER EXERCISE SYS. 120 DIAS. 88		E. 2 MIN. AFTER SYS. 120 DIAS. 88		F. AFTER STANDING 3 MIN. SYS. 120 DIAS. 88	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/20		CORR. TO 20/20		BY S.		OX		J-1		CORR. TO	
LEFT 20/25		CORR. TO 20/20		BY S.		OX		J-1		CORR. TO	
62. METROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				Dvorine Pass 14/14				UNCORRECTED CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
Normal								69. INTRAOCULAR TENSION			
70. HEARING				71. ISO AUDIOMETER							
RIGHT WV /15 SV /15				LEFT WV /15 SV /15							
				RIGHT 15 15 15 15 35 45 55 50							
				LEFT 15 15 15 15 30 35 65 55							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#50. Lab report: Hematology; WBC 7,300 Sed Rate 4 Hematocrit 46

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (Check):
A. ☒ IS QUALIFIED FOR all the duties of his position
B. ☐ IS NOT QUALIFIED FOR

78. B. PHYSICAL CATEGORY			
A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
J. F. SANDERSON, LT, MC, USNR

SIGNATURE
J. F. Sanderson

80. TYPED OR PRINTED NAME OF PHYSICIAN
J. E. MATSON, LCDR, DC, USN

SIGNATURE
J. E. Matson

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE
NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL, BURNEY
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-420376-120

Initials

REC'D-ADMIN. DIV.
Desirable Weight Ranges for Males

SEP 18 - 7 25 33 AM '70

Height	Small Frame	Medium Frame	Large Frame
5'4"	120 - 129	123 - 135	131 - 148
5'5"	124 - 133	126 - 139	134 - 152
5'6"	128 - 137	130 - 143	138 - 157
5'7"	132 - 141	134 - 148	143 - 162
5'8"	136 - 146	138 - 152	147 - 166
5'9"	140 - 150	142 - 156	151 - 170
5'10"	144 - 154	146 - 161	155 - 175
5'11"	148 - 158	150 - 166	160 - 180
6'	152 - 163	154 - 171	164 - 185
6'1"	156 - 167	158 - 176	169 - 190
6'2"	160 - 171	163 - 181	174 - 195
6'3"	169 - 180	168 - 186	178 - 200
6'4"	174 - 185	178 - 196	188 - 210
6'5"		182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

J. F. Sanderson
 Signature of Medical Examiner
 J. F. SANDERSON LT MC USNR
 7-30-70

Date _____

Dissemination
Routing Slip
FD-417 (9-12-69)

(Copies to Offices Checked)

To: ☒ Director, Att.: PHYSICAL UNIT-4541

☐ SAC,

☐ Albany
☐ Albuquerque
☐ Alexandria
☐ Anchorage
☐ Atlanta
☐ Baltimore
☐ Birmingham
☐ Boston
☐ Buffalo
☐ Butte
☐ Charlotte
☐ Chicago
☐ Cincinnati
☐ Cleveland
☐ Columbia
☐ Dallas
☐ Denver
☐ Detroit
☐ El Paso
☐ Honolulu

☐ Houston
☐ Indianapolis
☐ Jackson
☐ Jacksonville
☐ Kansas City
☐ Knoxville
☐ Las Vegas
☐ Little Rock
☐ Los Angeles
☐ Louisville
☐ Memphis
☐ Miami
☐ Milwaukee
☐ Minneapolis
☐ Mobile
☐ Newark
☐ New Haven
☐ New Orleans
☐ New York City
☐ Norfolk

☐ Oklahoma City
☐ Omaha
☐ Philadelphia
☐ Phoenix
☐ Pittsburgh
☐ Portland
☐ Richmond
☐ Sacramento
☐ St. Louis
☐ Salt Lake City
☐ San Antonio
☐ San Diego
☐ San Francisco
☐ San Juan
☐ Savannah
☐ Seattle
☐ Springfield
☐ Tampa
☐ Washington Field

Date 9/25/70

RE:

BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

ReBu R/S 9/23/70.

REMARKS:

At the time of SA THREADGILL's last physical, 7/30/70, the examining facility was not able at that time to give him the necessary eye examination; however, he is contacting his private physician and as soon as he can get an appointment will be examined and Bureau will be advised.

1-Bureau

1-SF

JTM:hko

(2)

*will follow
9-25-70 kyp*

SAC

HJ Morgan
HARRY J. MORGAN

FILE #:

OFFICE SF

67-NOT RECORDED
8 OCT 1 1970

26

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/19/70

FROM : SAC, San Francisco

Attention: Personnel Section
PHYSICAL UNIT, 4541SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION☒ Remy/et r/s 9/25/70
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Enclosed is statement from SA THREADGILL's personal eye doctor, which indicates examination indicates no microaneurysm in left eye and no glaucoma. No follow-up recommended.

① - Bureau (Encl. ENCLOSURE)
1 - SF
JTM:hko
(2)67-NOT RECORDED
10 OCT 27 1970

135

THREE
WJ

375-0308

JOHN J. D'ATTILIO, M.D.

714 CASS STREET

MONTEREY, CALIFORNIA 93940

NAME B. Threadgill AGE 10/16/70

ADDRESS _____ DATE 10/16/70

R To whom it may concern

Eye Exam O & OD

Reveals no micro-
anizyon in left eye

No glaucoma

VA 20/20
20/5

[Signature]

NARCOTIC NO. 24382

REFILL 0 1 2 3

ENCLOSURE

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent, GS-13

Rating Period: from April 1, 1970 to March 31, 1971

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

RO

Rated by: [Signature] Supervisor 3/31/71
Signature Title Date

Reviewed by: [Signature] SAC 3/31/71
Signature Title Date

Rating Approved by: [Signature] Assistant Director MAY 3 1971
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service

REC-145

67-420376-107
Searched _____ Indexed _____
6 APR 19 1971
THREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
 (For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
- + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
- E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
- ✓ Satisfactory
- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
- 0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- U 1. Personal appearance.
- U 2. Personality and effectiveness of his personal contacts.
- U 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- U 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- U 5. Resourcefulness, ingenuity, and initiative.
- U 6. Forcefulness and aggressiveness as required.
- U 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- U 8. Planning of work.
- U 9. Accuracy and attention to pertinent detail.
- U 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- U 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- U 12. Performance results (rate if applicable and mark others 0) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA THREADGILL is alternate Senior Resident Agent in Monterey, California, and is assigned all security matters in that area. SA THREADGILL is noteworthy for his dependability, judgement, and willingness to share the work load. He is able to sustain an above-average case load and so plan as to have low delinquency. He submitted the names of three clerical applicants during the period. He is conscientious and accurate in reporting his investigations. He merits the rating excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security - Alternate Senior Resident Agent

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

MB

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- E 13. Firearms.
- E 14. Development of informants and sources of information. **Comment** on weaknesses or justify limited participation.
During rating period developed 0 informants; 12 potential informants.

SA THREADGILL shows his awareness of this important program and currently handles 4 PSIs and 2 ghetto informants.

- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
E A. Reports; E B. Memos, letters, wires.
- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
E A. Leadership E F. Devising procedures
E B. Ability to handle personnel E G. Promoting high morale
E C. Making decisions E H. Getting results
E D. Assignment of work E I. Furthering equal employment opportunity
E E. Training subordinates
- E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.
- E 19. Miscellaneous. Specify and rate:
E Dictation; E Applicant recruitment; E Other

N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in N/A language(s).

Can handle typical investigative problems as follows:

- A. Conversation form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____.

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding

Explain if interested but not now qualified.

23. Number of Incentive Awards _____.

Commendations received from Director: Individual _____ Through Superior _____.

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS BT

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 6/25/71

FROM : SAC, SAN FRANCISCO

SUBJECT: SA BURNEY THREADGILL
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has ☒ requested authority for use of
☐ disposed of

personally owned side arm described below:

	<u>REQUESTED</u>	<u>DISPOSED OF</u>
Make	Smith & Wesson	
Model	10	
Caliber	.38	
Length of Barrel	2"	
Serial No.	D294632	
Weapon inspected by	SA F.W. MITCHELL (name)	6/8/71 (date)

I recommend this request be approved.

If approved, the information set out above will be posted in
Field Duplicate Property Record.

- 2 - Bureau
1 - (Field Office Personnel File)

REG/jr
(3)

REC-139

67-420376-122
Searched _____ Numbered _____
8 AUG 9 1971
WML

Approved by _____
Special Agent in Charge

FBI Academy

3/2

Xerox copy
70 7-23-71



8 AUG 11 1971

5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THO

REPORT OF MEDICAL EXAMINATION

SSN 426 14 1799

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney Jr.		2. GRADE AND COMPONENT OR POSITION SA	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION FBI Annual Physical	6. DATE OF EXAMINATION 23 Sep 71
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY	10. AGENCY FBI
11. ORGANIZATION UNIT San Francisco, Calif		12. DATE OF BIRTH 28 Oct 21	
13. PLACE OF BIRTH Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS Naval Hospital, Oakland, Calif		16. OTHER INFORMATION	
17. RATING OR SPECIALTY None		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	(Check each item in appropriate col- umn, enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP
<input checked="" type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39 (R) inguinal scar

ENCLOSURE

REC-132

67-420376-123

Searched	Numbered
2	NOV 10 1971

44

THREE

02: 11:3
09: 11:3

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES TYPE 2 CLASS 1 DENTALLY QUALIFIED
O—Restorable teeth I—Nonrestorable teeth X —Missing teeth XXX —Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	L E F T
	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.024		46. CHEST X-RAY (Place, date, film number and result) Film 426 14 1799-71 23 Sep NH, Oakland, Calif	
B. ALBUMIN neg	D. MICROSCOPIC Ess Neg	Ess Neg	
C. SUGAR neg	47. SEROLOGY (Specify test used and result) VDRL Non Reactive	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR NA
50. OTHER TESTS UreaN 21, Gluc 114, Choles 332 WBC 6,600 HGT 45			

Initials **50**

ADRT MON K686ETAG

MEASUREMENTS AND OTHER FINDINGS 200 FEB 72

NOV 12 1971

X
X
X
Z
Y
X
XN
X
X
X
Z

NONE

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

X
Y
N
Y

NONE

430 (3) TUBINGET ACCL

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

NONE

~~MAST WORKING, OAKLAND, CALIF~~

77. EXAMINEE (Check)

A K IS QUALIFIED FOR performing all the duties of his position

A. ☒ IS QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

S.S. KROLL LT MC USNR

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

H.S. SAMUELS CAPT DC USN

12. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76.		A. PHYSICAL PROFILE					
P	U	L	H	E	S		
ition:		B. PHYSICAL CATEGORY					
		A	B	C	E		
SIGNATURE							
SIGNATURE							
SIGNATURE							
SIGNATURE							
		22M VSR IV 170					
		NUMBER OF ATTACHED SHEETS					

33 805 AT
Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee THREADGILL, Burney Jr.
 (Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
 If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

17-420376-72

Initials

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

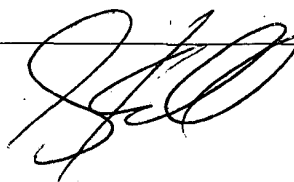
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

CLASSIFICATION: UNCLASSIFIED



Signature of Medical Examiner

S.S. KROLL LT MC USNR

23 Sep 71

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/13/72

ATTENTION: PERSONNEL SECTION

FROM: SAC, San Francisco (66-3759)

SUBJECT: MONTEREY RESIDENT AGENCY
SAN FRANCISCO DIVISION

ReBulet dated 1/5/72 transferring SA FRANCIS M. CONNOLLY from San Jose, California, to Monterey, California.

It is recommended that SA BURNEY ~~THREADGILL~~, JR., presently Alternate Senior Resident Agent, be designated Senior Resident Agent to replace SRA FRANK W. MITCHELL who is retiring.

It is recommended that SA FRANCIS M. ~~CONNOLLY~~ be designated Alternate Senior Resident Agent to replace SA ~~THREADGILL~~.

2 Bureau
1 SF
REG:ekk
(3)

REC-133

67-313-4659	
Searched	Numbered
7 JAN 21 1972	

ALC
XEROX

JAN 25 1972



5010-108

67-NOT RECORDED-72

35 2 JAN 28 1972

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

SAC, San Francisco

January 20, 1972

Director, FBI

PERSONAL ATTENTION

**MONTEREY RESIDENT AGENCY
SAN FRANCISCO DIVISION**

Reurlet 1-13-72.

SAs Burney Threadgill, Jr., and Francis M. Connolly are hereby designated Senior Resident Agent and Alternate Senior Resident Agent respectively at Monterey, California, as you recommended.

LDH:jb

(7)

- 1 - Movement**
- ① - Personnel File of SA Burney Threadgill, Jr.**
- 1 - Personnel File of SA Francis M. Connolly**

NOTE: SAC, San Francisco, recommends SAs Burney Threadgill, Jr., and Francis M. Connolly be designated Senior Resident Agent (SRA) to replace SA Frank W. Mitchell, presently SRA who is retiring, and Alternate Senior Resident Agent (ASRA) respectively at the Monterey Resident Agency.

SA Threadgill EOD 1-21-47, is in GS-13, \$23,112. He was designated ASRA at the Monterey Resident Agency 3-17-67 and his services since that time have been entirely satisfactory having been commended twice through SAC. Rated Excellent last annual performance report, completely available, overtime satisfactory. He appears well qualified to assume duties of SRA at Monterey.

SA Connolly EOD 8-13-51, is in GS-13, \$22,487. Services since EOD generally satisfactory although censured 10-7-66 as result of inspection. On the other hand he was commended 13 times, 4 through SAC, and received 3 incentive awards, last on 3-3-65. He was supervisor in the San Francisco Office from 1-4-56 to 9-18-57 and from 8-27-64 to 9-13-65. Although he was just transferred to Monterey 1-5-72, he has a much better work record than the only other Agent at Monterey with more years of service than SA Connolly. He appears well qualified to assume duties of ASRA at the Monterey Resident Agency.

77-NOT RECORDED
7 JAN 21 1972
148

DUPLICATE YELLOW

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Handwritten signature/initials

Name of Employee: BURNEY THREADGILL, JR.Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)Official Position Title and Grade: Special Agent, GS-13Rating Period: from April 1, 1971 to March 31, 1972ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials

BT

Rated by: [Redacted Signature] Supervisor 3/31/72
Signature Title DateReviewed by: [Handwritten Signature] SAC 3/31/72
Signature Title DateRating Approved by: [Handwritten Signature] Assistant Director APR 27 1972
Signature Title

TYPE OF REPORT

☒ Official
☒ Annual

REC-135

67-430376-124
☐ Administrative
☐ 60-Day
☒ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

MAY 17 1972

31

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing.)
E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)
✓ **Satisfactory**
- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- E 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- E 9. Accuracy and attention to pertinent detail.
- E 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; + D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA THREADGILL was Alternate Senior Resident Agent at Monterey until 1/20/72 when he was designated Senior Resident Agent. He is particularly well qualified for this assignment because of his superior judgment, willingness to assume responsibility, and forcefulness to dominate when the situation warrants. He is particularly knowledgeable of duties and procedures and can get the work done. His personality exhibits a consistency of sincerity and self-control. He is assigned work in the security field but the major part of his assignment is the responsibility for the agents assigned to the Monterey Language School. He merits the rating excellent. SA THREADGILL is aware of the Bureau applicant program in his daily contacts.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☐ Minimum ☒ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Senior Resident Agent - Security

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

BT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

E 13. Firearms.

E 14. Development of informants and sources of information. **Comment** on weaknesses or justify limited participation.

During rating period developed 0 informants; 4 potential informants.

SA THREADGILL currently handles 4 PSIs, one of whom has excellent potential for a security informant.

E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Reports; E B. Memos, letters, wires.

E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

E A. Leadership

E B. Ability to handle personnel

E C. Making decisions

E D. Assignment of work

E E. Training subordinates

E F. Devising procedures

E G. Promoting high morale

E H. Getting results

E I. Furthering equal employment opportunity

E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.

E 19. Miscellaneous. Specify and rate:

E Dictation; E Applicant recruitment; E Other

N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in N/A language(s).

Can handle typical investigative problems as follows:

A. Conversation form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency (language) language ability used during rating period (language).

Anticipated use during ensuing year (language).

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☒ Excellent ☐ Outstanding

Explain if interested but not now qualified.

23. Number of Incentive Awards 0.

Commendations received from Director: Individual 3 shared Through Superior 0.

Suggestions submitted 0.

If none, check block ☐.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS BT

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE THREADGILL BURNEY JR	SOCIAL SECURITY NUMBER 426-14-1799
---	---

NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892—QUALITY INCREASE	<input type="checkbox"/> 896—ADMIN. PAY INCREASE	5/28/72	6/ 1/69
<input checked="" type="checkbox"/> 893—WITHIN GRADE INCREASE	<input type="checkbox"/> 897—ADMIN. PAY DECREASE		
<input type="checkbox"/> 894—PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-13	STEP OR RATE STEP 9	OLD SALARY \$23,112.00	NEW SALARY \$23,737.00

DATA ON UNPAID ABSENCE

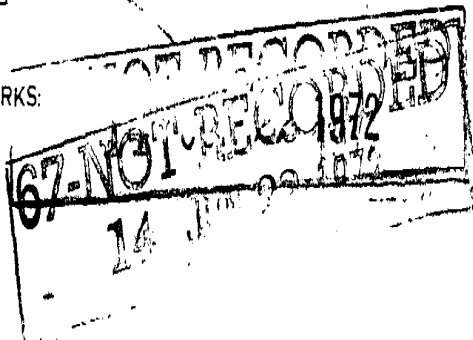
PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD YES	INITIALS 3/ [Signature]
-----------	--------------	---	----------------------------

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

L. PATRICK GRAY, III
ACTING DIRECTOR

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:



XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[Handwritten signature]

5/28/72
(DATE)

XXXXXXXXXXXX
JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY

UNITED STATES GOVERNMENT

Memorandum

b6

TO : ACTING DIRECTOR, FBI
(Attn.: Administrative Division,
Personnel Section)
FROM : SAC, SAN FRANCISCO (67-5947)
SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
RECOMMENDATION FOR
PROMOTION TO GS-14

DATE: 6/15/72

As the Bureau is aware, the Defense Language Institute (DLI) is located at Monterey, California, which is covered by the Monterey Resident Agency of the San Francisco Division. Over the years, through the cooperation of the authorities at the DLI, many Special Agents of this Bureau have received language training at the DLI for periods of time varying from six months to a year.

As a result of the heavy responsibilities of the Senior Resident Agent (SRA) at Monterey, California, primarily in connection with the DLI, he has been in the position of a Supervisory Special Agent, Grade GS-14. This recognition by the Bureau to the SRA in Monterey has existed since July, 1966, until the retirement of FRANK W. MITCHELL, the former SRA, effective 3/14/72.

The situation and justification for this position has not changed over the years while former SA MITCHELL was in the position, and it certainly has not changed since his retirement. The Bureau continues to utilize the services of the DLI, and the heavy responsibilities in connection therewith continue to be handled in an outstanding manner by the current SRA. In addition, since July, 1966, the number of agents assigned to Monterey to handle the investigative work has increased from three agents to five agents. At the present time there are a total of 24 agents attending the DLI who are technically assigned to the Monterey Resident Agency as part of the San Francisco Division. In view of the apparent needs of the Bureau in various foreign language fields, it can be anticipated that this program will continue in the future.

- ② - Bureau
2 - San Francisco
(1 - P/F THREADGILL)

REG:lcj
(4)



5010-108-01

REC-138

67-420376-125
Searched _____ Numbered _____

1 JUN 29 1972

b6

THREE
PERS. REC. UNIT

5 JUL 10 1972

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

SF 67-5947
REG:lcj

Special Agent BURNEY THREADGILL, JR., was designated the SRA at Monterey by Bureau letter of 1/20/72, although he did not assume the duties of SRA until the retirement of MITCHELL on 3/14/72. THREADGILL has been assigned to the Monterey Resident Agency since August, 1965, and was the Alternate SRA since March, 1967. Because of his assignment to Monterey since 1965 and Alternate SRA since March, 1967, he has been in a position to observe the duties and implementation of the duties of the SRA and since his assumption of these responsibilities, he has handled them in an outstanding manner. Despite the many transfers in and out of the DLI, THREADGILL has done a most impressive job in supervising the overall operation with a minimum of problems and difficulties. He is a well experienced agent with an EOD date of 7/21/47, and is considered to have an outstanding attitude being completely dependable, cooperative, loyal and enthusiastic. He utilizes outstanding judgment and produces an exceptional amount of work when one considers his heavy responsibilities in connection with the DLI. He is considered by me to be far superior to the average SRA. He currently weighs 175 pounds, is 70" tall with a large frame and, therefore, within the limits of the weight schedule. He is completely available for special and general assignments and has no known physical limitations.

In view of the original justification for the position of Supervisory Special Agent GS-14 in the Monterey Resident Agency and the continuance of that justification since 1966 through the present time and the outstanding manner in which THREADGILL is handling these responsibilities, it is definitely felt and recommended that he should at this time receive a promotion to GS-14.

June 28, 1972

PERSONAL

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Threadgill:

I am indeed pleased to advise you of your promotion to Grade GS 14, \$25,620 per annum, as a Supervisory Special Agent, effective July 9, 1972.

This promotion is temporary and will remain in effect only for the duration of your present assignment. Upon conclusion thereof, you will be allocated to your permanent grade level.

Sincerely yours,

L. Patrick Gray III

L. Patrick Gray, III
Acting Director

1 - SAC, San Francisco (PERSONAL ATTENTION)

1 -
1 - Movement
1 -

b6

Felt _____
Mohr _____
Bates _____
Bishop _____
Callahan _____
Campbell _____
Casper _____
Cleveland _____
Conrad _____
Dalbey _____
Marshall _____
Miller, E.S. _____
Ponder _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

cc* (6) 67-420376

JUL 13 1972

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan *AKB*

FROM : H. N. Bassett *AKB*

SUBJECT: SA BURNIE THREADGILL, JR.
Senior Resident Agent, Monterey, Calif
San Francisco Office
EOD 7-21-47; GS-13, \$23,112
Age 50; Married, 2 children
RE: GRADE PROMOTION

DATE: 6-26-72

*no other
or movement
per 4/29/72
AD*

AKB

b6

Mr. Felt	_____
Mr. Mohr	_____
Mr. Rosen	_____
Mr. Bates	_____
Mr. Bishop	_____
Mr. Callahan	_____
Mr. Campbell	_____
Mr. Casper	_____
Mr. Cleveland	_____
Mr. Conrad	_____
Mr. Dalbey	_____
Mr. Marshall	_____
Mr. Miller, E.S.	_____
Mr. Ponder	_____
Mr. Soyars	_____
Mr. Walters	_____
Tele. Room	_____
Mr. Kinley	_____
Mr. Armstrong	_____
Ms. Herwig	_____
Mrs. Neenan	_____

SA Threadgill has been recommended for promotion to grade GS-14. On 3-31-72 he was rated EXCELLENT and in recommending him for promotion his SAC advised that he has been handling his duties as Senior Resident Agent in an outstanding manner.

He assumed the responsibilities of Senior Resident Agent, Monterey, Calif., on 3-14-72 and he has 5 agents under his supervision in the resident agency handling investigative matters. The major part of his assignment as SRA is the responsibility for the agents assigned to the Defense Language School (DLI). At the present time there are 24 agents attending DLI and 16 more agents under transfer to attend DLI. He has the responsibility to thoroughly indoctrinate agents upon their arrival in Monterey to attend DLI; to insure that they are properly in attendance at school each day and to handle various administrative matters as they arise. It is also necessary for the SRA to maintain daily liaison with DLI administrative personnel in connection with progress of Agents attending the school. It is noted that the former Senior Resident Agent who retired on 3-14-72 was in grade GS-14.

He has been in grade GS-13 since 6-17-56 and he has not been censured in the past 90 days.

RECOMMENDATION: That he be promoted to grade GS-14 for the duration of his present assignment.

*4/4 let prep
6-28-72
cc
WAT to \$23,737
5-28-72
eff*

LED/jas (2)
PERMANENT BRIEF ATTACHED.

67-420376-126
Searched : _____
Numbered : _____
1 JUN 29 1972

3/arc

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE THREADGILL, BURNEY, JR. (MR.)		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 10-28-21	4. SOCIAL SECURITY NO. 426-14-1799
5. VETERAN PREFERENCE 2 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER		6. TENURE GROUP		7. SERVICE COMP. DATE	
9. FEGLI 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)		10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION PROMOTION		13. EFFECTIVE DATE (Mo., Day, Year) 7-9-72		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW	
15. FROM: POSITION TITLE AND NUMBER Special Agent 61-F-48 170		16. PAY PLAN AND OCCUPATION CODE GS Series 1811		17. (a) GRADE OR LEVEL 13	(b) STEP OR RATE 9
				18. SALARY \$23,737 pa	
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER Supervisory Special Agent 61-F-101 160		21. PAY PLAN AND OCCUPATION CODE GS Series 1811		22. (a) GRADE OR LEVEL 14	(b) STEP OR RATE 6	23. SALARY \$25,620 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE						

25. DUTY STATION (City—county—State)			26. LOCATION CODE		
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____
☐ C. DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐

This promotion is temporary and will remain in effect only for the duration of present assignment. Upon conclusion thereof, employee will be allocated to permanent grade level.

NOT RECORDED
40 JUL 12 1972

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE L. Patrick Gray III 3/	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 6-28-72 Acting Director me	
33. CODE DJ 02	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535		

July 21, 1972

PERSONAL

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

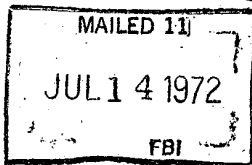
Dear Mr. Threadgill:

On this special occasion of your Twenty-fifth Anniversary with the Federal Bureau of Investigation it gives me great pleasure to extend my heartiest congratulations and to present your Twenty-five-Year Service Award Key.

During your period of service the Bureau has continued to grow in the esteem and confidence of the public and I am proud to say it is recognized as one of the greatest law enforcement agencies in the world. You should take justifiable pride in the fact that your efforts have contributed in no small measure to this development. I would like to express my sincere appreciation for the loyalty and devotion you have exhibited through your years of faithful service to the FBI.

I hope that this Key will, in days to come, recall many pleasant memories of your association with the Bureau.

With best wishes and kindest regards,



Sincerely, REC-144

L. Patrick Gray III

L. Patrick Gray, III
Acting Director

9 JUL 17 1972 39 7

Enclosure

1 - SAC, San Francisco (Personal Attention)

RHG:bla
(4) 67-420376

P. S. I regret that I am not able to make this presentation personally. P. . G.

MAIL ROOM ☐ TELETYPE UNIT ☐

Mr. Felt _____
Mr. Mohr _____
Mr. Rosen _____
Mr. Bates _____
Mr. Bishop _____
Mr. Callahan _____
Mr. Campbell _____
Mr. Casper _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Ponder _____
Mr. Soyars _____
Mr. Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 7/17/72

FROM : SAC, SAN FRANCISCO (67-11184)

SUBJECT: SA BURNEY THREADGILL, JR.
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has ☒ requested authority for use of
☒ disposed of
personally owned side arm described below:

	<u>REQUESTED</u>	<u>DISPOSED OF</u>
Make	S & W	S & W
Model	36	10
Caliber	38 Special	38 Special
Length of Barrel	2"	2"
Serial No.	606220	D294632
Weapon inspected by	SA L. L. VANNATTA (name)	7/13/72 (date)

I recommend this request be approved.

If approved, the information set out above will be posted in
Field Duplicate Property Record.

2 - Bureau
1 - (Field Office Personnel File)
BT/jr
(3)

REC-138

420376-128

JUL 27 1972

7 JUL 31 1972



5010-108

Posted to
property card

APPROVED
SAC - QUANTICO

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

REPORT OF MEDICAL EXAMINATION

SSN426 14 1799

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney Jr			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION FBI Annual Physical		6. DATE OF EXAMINATION 26 Oct 72	
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT San Francisco, Calif	
12. DATE OF BIRTH 28 Oct 21		13. PLACE OF BIRTH Mississippi		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Naval Hospital, Oakland California				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39 Right inguinal 2" scar

- #48 1. Borderline tracing
2. Right ventricular conduction disturbance
3. Old myocardio infarction cannot be excluded

ENCLOSURE

REC-139

67-420376-129
Searched _____ Numbered _____
5 DEC 21 1972

THREE

2

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES TYPE 3 CLASS 2 DENTALLY QUALIFIED																
0 32 31 30 Restorable teeth 32 31 30 Non-restorable teeth 32 31 30 Missing teeth 32 31 30 Replaced by dentures 32 31 30 Fixed Partial dentures																																
R I G H T	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

45. URINALYSIS: A. SPECIFIC GRAVITY 1.018				46. CHEST X-RAY (Place, date, film number and result) Film #468 14 1799-72 26 Oct NH, Oakland, Calif No active cardiopulmonary disease			
B. ALBUMIN neg				D. MICROSCOPIC Ess Neg			
C. SUGAR neg				49. BLOOD TYPE AND RH FACTOR NA			
47. SEROLOGY (Specify test used and result) VDRL Non-Reactive				50. OTHER TESTS GLUC 86, UREA 18, CHOL 236 WBC, HCT: WNL			

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 70 ¹¹		52. WEIGHT 180		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> TOBES		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 130 DIAS. 72		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/ 15 CORR. TO 20/ 15		BY S. CX		J16 CORR. TO J1+		BY					
LEFT 20/ 15 CORR. TO 20/ 15		BY S. CX		J16 CORR. TO J1+		BY					
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		CORRECTED	
RIGHT LEFT		PIP 14/14 passed									
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION		NORMAL	
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV 15 /15 SV /15		ISO 250 500 1000 2000 3000 4000 6000 8000									
LEFT WV 15 /15 SV /15		RIGHT 15 15 15 15 30 40 55 55									
		LEFT 15 15 15 20 30 40 35 55									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hypercholesterolemia, 1971, treated

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NORMAL EXAMINATION

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

NONE

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

performing all the duties of his position

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

J.W. SHIGEOKA LT MC USNR

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

J. DUNCAN LCDR DC USN

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee THREADGILL BURNEY JR.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all employees over 35 years of age; (3) any other where examination indicates such is desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents and Special Agent Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-420376-129

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 165	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

John W. Shigeoka
 Signature of Medical Examiner
 J.W. SHIGEOKA LT MC/USNR

Date *10/26/72*

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY (C) THREADGILL, JR.Where Assigned: SAN FRANCISCO
(Division) (Section, Unit)Official Position Title and Grade: Supervisory Special Agent, GS-14Rating Period: from April 1, 1972 to March 31, 1973ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsBTRated by: Thomas R. Hagan Assistant Special
Agent in Charge 3/31/73
Signature Title DateReviewed by: Charles W. Bates Special Agent
in Charge 3/31/73
Signature Title DateRating Approved by: W. H. Callahan Assistant Director APR 25 1973
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-142

420376-130
Numbered
5 APR 25 19734 APR 26 1973
38

THREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
 (For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+ **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing.)

E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)

✓ **Satisfactory**

- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; + B. Criminal or General Investigative; 0 C. Fugitive; + D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During the entire rating period, SA THREADGILL has served as Senior Resident Agent at Monterey, California. He is particularly well qualified for this assignment due to his superior judgment, willingness to assume responsibility, and his forcefulness. He is the Supervisory Special Agent for those Agents attending the Defense Language Institute, Monterey, and also handles some security and criminal investigative matters. He is an above-average Agent and handles all his duties in an outstanding manner. SA THREADGILL is aware of the Bureau applicant program in his daily contacts. His overall performance is excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☐ Minimum ☒ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Supervisory; Resident Agent

ADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

BT

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert

☒ 14. Development of informants and sources of information. **Comment** on weaknesses or justify limited participation.

During rating period developed 0 informants; 1 potential informants.

SA THREADGILL is aware of the importance of this program and developed one PSI during the rating period.

☒ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

☒ A. Reports; ☒ B. Memos, letters, wires.

☒ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

☒ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

☒ A. Leadership

☒ F. Devising procedures

☒ B. Ability to handle personnel

☒ G. Promoting high morale

☒ C. Making decisions

☒ H. Getting results

☒ D. Assignment of work

☒ I. Furthering equal employment opportunity

☒ E. Training subordinates

☒ 18. Raids and dangerous assignments; ☒ A. As leader; ☒ B. As participant.

☒ 19. Miscellaneous. Specify and rate:

☒ Dictation; ☒ Applicant recruitment; ☐ Other

N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in N/A language(s).

Can handle typical investigative problems as follows:

A. Conversation form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency language ability used during rating period .

Anticipated use during ensuing year .

C. Completed Bureau Language School ☐ No ☐ Yes Specify language(s)

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☒ Excellent ☐ Outstanding

Explain if interested but not now qualified.

23. Number of Incentive Awards 0.

Commendations received from Director: Individual 0 Through Superior 1.

Suggestions submitted 0.

If none, check block ☐.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS BT

EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

(1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;

(2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;

(3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;

(4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

BURNEY Threadgill FR.

Burney Threadgill
(Signature)

67-NOT RECORDED

10-00-2-372

Witnessed and accepted in behalf of the Director, FBI, on

8/31

, 19 73

, by

James M. Connolly
(Signature)

80

3/10/74

December 3, 1973

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Threadgill:

Thank you for the best wishes you expressed in
your letter of November 19th and I appreciate your support.

As you requested, it is a pleasure to enclose
one of my photographs which I have autographed to you.

Sincerely yours,

151 CM Kelley
Clarence M. Kelley
Director

Enclosure

Large color autographed photograph of Mr. Kelley

NOTE: Special Agent Threadgill, Jr., is assigned to the
San Francisco Office and is the Senior Resident Agent at
Monterey, California. His last performance rating was
excellent and he is in Grade GS-14.

Assoc. Dir. — mn:cmc (3)

Asst. Dir. —

Admin. —

Comp. Syst. —

Ext. Affairs —

Files & Com. —

Gen. Inv. —

Ident. —

Inspection —

Intell. —

Laboratory —

Plan. & Eval. —

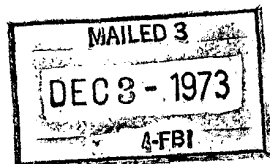
Spec. Inv. —

Training —

Legal Coun. —

Telephone Rm. —

Director Sec'y —



*RRE
JAW*

*GEM
JAW*

2 DEC 4 1973

TELETYPE UNIT

MN
27

San Francisco, California
November 19, 1973

Mr. Clarence M. Kelley
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Kelley:

I am currently assigned to the Monterey, California, Resident Agency as the Senior Resident Agent, and also have supervisory responsibility for those Agents assigned to the Defense Language Institute at Monterey.

I would like very much to receive, and would consider it a great privilege and honor to have, an autographed photograph of you, if possible.

I also at this time want to wish you many years of health and happiness as the Director, and I look forward to serving under your leadership.

Sincerely,

Burney Threadgill

Burney Threadgill
Special Agent

undated let
sent sub
11-27-73
mn/enc

SP
CORRESPONDENCE

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME THREAD GILL BURNBY (NMN) JR.			2. GRADE AND COMPONENT OR POSITION Special Agent		3. IDENTIFICATION NO. 426-14-1799	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) ATHERTON PL. CARMEL - CALIF.			5. PURPOSE OF EXAMINATION Annual Physical.		6. DATE OF EXAMINATION 10-17-73	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 26		10. AGENCY FBI	11. ORGANIZATION UNIT b6	
12. DATE OF BIRTH 10-28-21		13. PLACE OF BIRTH BILOXI - MISS.		14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN. WIFE ATHERTON PL. CARMEL - CA		
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS US NPGS - MONTEREY - CALIF.				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals; Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae; Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet; Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Bulet to SAC
Re: Head Loss
clm
1-23-74

67-420376-131
Searched _____ Numbered _____
2 JAN 21 1974

REC-148

THROW

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																					
<table><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>R</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>T</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R	X																I																	G																	H																	T	X															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																					
R	X																																																																																																																				
I																																																																																																																					
G																																																																																																																					
H																																																																																																																					
T	X																																																																																																																				

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

EXAM T/H
CLASS I
NCO

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY 1011		46. CHEST X-RAY (Place, date, film number and result) WNL - # 3377-73	
B. ALBUMIN NEG	D. MICROSCOPIC NEG	50. OTHER TESTS CBC - WNL	
C. SUGAR NEG	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result)		50. OTHER TESTS	

Initials

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70"		52. WEIGHT 184 1/2		53. COLOR HAIR Gray		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE																																					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																									
A. SITTING SYS. 120 DIAS. 80		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 82		B. AFTER EXERCISE		C. 2 MIN. AFTER																																					
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																											
RIGHT 20/20 CORR. TO 20/		BY S. CX		20/100 CORR. TO 20/20 BY lens																																											
LEFT 20/20 CORR. TO 20/		BY S. CX																																													
62. METEOPHORIA (Specify distance)																																															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																																					
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																																									
RIGHT LEFT		Passed Falcant 9/9				CORRECTED																																									
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION																																									
						T: Normal																																									
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																					
RIGHT WV /15 SV /15		<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>256</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3072</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td>X</td> <td>10</td> <td>10</td> <td>15</td> <td>25</td> <td>55</td> <td>60</td> <td>X</td> </tr> <tr> <td>LEFT</td> <td>X</td> <td>10</td> <td>10</td> <td>25</td> <td>35</td> <td>45</td> <td>55</td> <td>X</td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		256	512	1024	2048	3072	4096	6144	8192	RIGHT	X	10	10	15	25	55	60	X	LEFT	X	10	10	25	35	45	55	X		
	250	500	1000	2000	3000	4000	6000	8000																																							
	256	512	1024	2048	3072	4096	6144	8192																																							
RIGHT	X	10	10	15	25	55	60	X																																							
LEFT	X	10	10	25	35	45	55	X																																							
LEFT WV /15 SV /15																																															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#61-NCD

#71-HFHL-NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

0

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

G.F. Romine, LCDR, DC, USN

SIGNATURE

G.F. Romine, LCDR, DC, USN

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Initials

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee. THREADGILL BARNEY (NMN) JR.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

61-420376-131

NCLL

Initials

DESIRABLE WEIGHT RANGES

REC'D-ADMIN. DIV.

MALES

FEMALES

Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'4"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

Date

SAC, **SAN FRANCISCO****1-23-74**

Director, FBI

PERSONAL ATTENTION

BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☐ ReBulet _____☐ Reurlet _____☒ Re Physical Examination **10-17-73** _____☐ Advise Bureau date captioned employee scheduled for physical examination.☐ Submit Physical Examination Report.☐ Advise Bureau re physical condition.☐ Advise Bureau if dental work has been completed.☐ Advise Bureau if vision has been corrected to 20/20.☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
☐ Submit Bureau of Employees' Compensation forms.☐ Advise if medical bills submitted have been paid.☐ Submit reply by _____

☒ The Bureau notes referenced physical examination shows additional high frequency hearing loss for captioned Agent. Insure that he wears ear protectors while on the firearms range and have him execute a "To Whom it May Concern" signed statement setting forth the fact he wears such ear devices, and forward to the Bureau.

(2)

JAN 23 1974

REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☐TELETYPE UNIT ☐

MAILED 4

JAN 23 1974

FBI

FWP-2-4-74 /ale

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/5/74

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☒ ReBulet 1/23/74

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Signed statement from SA THREADGILL concerning use of protective ear devices on firearms range enclosed for Bureau.

ENCLOSURE
① - Bureau (Enc. 1)
1 - San Francisco

No further action
12-8-74
als

67-NOV-11-REC-11-11-11
8 FEB 11

THREE
als

92

San Francisco, California
January 29, 1974

TO WHOM IT MAY CONCERN:

This is to advise that I wear protective
ear devices while on the firearms range and will
continue to do so in the future.

Burney Threadgill
BURNLEY THREADGILL
Special Agent

ENCLOSURE

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

TO

Director, FBI

DATE: 3/1/74

FROM

SA Burney Threadgill, Jr. *96*Social Security Number 426-14-1799Office of assignment San Francisco

SUBJECT: OFFICES OF PREFERENCE

Attention: *[Signature]* 1. Movement Unit2. Data Processing Section
[Signature]

Please list my offices of preference as follows:

1. San Francisco *3790 yz*

2. _____

3. _____

67 NOT RECORDED

348 MAR 3 1974

*[Signature]**3- [Signature]*

Blair

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.Where Assigned: SAN FRANCISCO
(Division)

(Section, Unit)

Official Position Title and Grade: Supervisory Special Agent, GS-14Rating Period: from April 1, 1973 to March 31, 1974ADJECTIVE RATING: EXCELLENT
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's
Initials*ab*

Rated by:

John G. Kelly

Signature

Assistant Special
Agent in Charge

Title

3/31/74

Date

Reviewed by:

Charles W. Bates

Signature

Special Agent
in Charge

Title

3/31/74

Date

Rating Approved by:

Eugene W. Walsh

Signature

Assistant Director

Title

MAY 15 1974

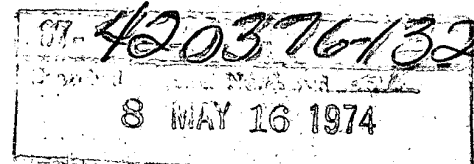
Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-136



THREE

MAY 21 1974

57

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing.)
E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)
✓ **Satisfactory**
- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
○ No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
+ 2. Personality and effectiveness of his personal contacts.
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
+ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

+ 5. Resourcefulness, ingenuity, and initiative.
+ 6. Forcefulness and aggressiveness as required.
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ 8. Planning of work.
+ 9. Accuracy and attention to pertinent detail.
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
+ 12. Performance results (rate if applicable and mark others O) ○ A. Internal Security; ○ B. Criminal or General Investigative; ○ C. Fugitive; ○ D. Applicant; ○ E. Accounting; + F. Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA THREADGILL has served as Senior Resident Agent at Monterey, California, during the entire rating period. In this capacity he has, in addition to his general administrative responsibilities as SRA, the responsibility as Supervisory Special Agent for the Agents attending the Defense Language Institute at Monterey.

(SA THREADGILL is a "can do" individual with an outstanding attitude and who is extremely capable in the supervision of the students at DLI in addition to administrating the RA.)
 (He is an affable, willing individual who has exhibited qualities of industriousness, reliability, and enthusiasm.) During this period he is entitled to a rating of excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☐ Minimum ☒ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Supervisory; Senior Resident Agent

ADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS BT

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- 0 14. Development of informants and sources of information. **Comment** on weaknesses or justify limited participation.
During rating period developed 0 informants; 0 potential informants.
SA THREADGILL has had limited participation in the informant program due to the nature of his assignment, principally in the supervision of Agents attending Defense Language Institute.
- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
E A. Reports; 0 B. Memos, letters, wires.
- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
+ A. Leadership E F. Devising procedures
+ B. Ability to handle personnel E G. Promoting high morale
+ C. Making decisions + H. Getting results
E D. Assignment of work E I. Furthering equal employment opportunity
E E. Training subordinates
- E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.
- E 19. Miscellaneous. Specify and rate:
+ Dictation; ☒ Applicant recruitment; ☐ Other
- N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in N/A language(s).
Can handle typical investigative problems as follows:
A. Conversation form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
B. Written form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
Frequency language ability used during rating period .
Anticipated use during ensuing year .
C. Completed Bureau Language School ☐ No ☐ Yes Specify language(s) .
22. Administrative Advancement: ☐ (Check block if not interested.)
A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☒ Excellent ☐ Outstanding
Explain if interested but not now qualified.
23. Number of Incentive Awards 0.
Commendations received from Director: Individual 0 Through Superior 1.
Suggestions submitted 0.
If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS AS

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE THREADGILL BURNEY JR	SOCIAL SECURITY NUMBER 426-14-1799
---	---

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE	7/ 7/74	7/ 9/72
<input checked="" type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY
GS-14	STEP 7	\$28,287.00	\$29,095.00

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>[Signature]</i>

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
15 JUL 23 1974

7/ 7/74
(DATE)

DIRECTOR
FEDERAL BUREAU OF INVESTIGATION

PERSONNEL FILE COPY

426-1699

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNEY, Jr.			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. 526-14-1699	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 25 10-18-74	
7. SEX Male	8. RACE Cauc.	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT SF	
12. DATE OF BIRTH 10-28-21		13. PLACE OF BIRTH Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS NAVAL REGIONAL MEDICAL CENTER, OAKLAND, CA 94627				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER-MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

631 Lt. inguinal bulge
1-2 cm diam on valsalva
-N.C.D.

#48- 1. Borderline tracing
2. Borderline (L)
axis deviation
3. No significant
change from 10/72

Employee advised to use protective
hearing devices while on firing range.

Initials

Florence L O'Connor, R.N.

REC-134

67-420376-133	
Searched	Numbered
5 JAN 14 1975	

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES T-3 EXAM Class 1 Dentally Qualified																																																																																																																																																		
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>Restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Non-restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Missing teeth</td><td>1</td><td>2</td><td>3</td><td>Replaced by dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial dentures</td></tr><tr><td>32</td><td>31</td><td>30</td><td></td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td></tr><tr><td>R</td><td></td><td></td><td></td><td></td><td>R</td><td></td><td></td><td></td><td>R</td><td></td><td></td><td></td><td>R</td><td></td><td></td><td></td><td>R</td><td></td><td></td><td></td></tr><tr><td>I</td><td></td><td></td><td></td><td></td><td>I</td><td></td><td></td><td></td><td>I</td><td></td><td></td><td></td><td>I</td><td></td><td></td><td></td><td>I</td><td></td><td></td><td></td></tr><tr><td>G</td><td></td><td></td><td></td><td></td><td>G</td><td></td><td></td><td></td><td>G</td><td></td><td></td><td></td><td>G</td><td></td><td></td><td></td><td>G</td><td></td><td></td><td></td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td>H</td><td></td><td></td><td></td><td>H</td><td></td><td></td><td></td><td>H</td><td></td><td></td><td></td><td>H</td><td></td><td></td><td></td></tr><tr><td>T</td><td></td><td></td><td></td><td></td><td>T</td><td></td><td></td><td></td><td>T</td><td></td><td></td><td></td><td>T</td><td></td><td></td><td></td><td>T</td><td></td><td></td><td></td></tr></table>			0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures	32	31	30			32	31	30		32	31	30		32	31	30		32	31	30		R					R				R				R				R				I					I				I				I				I				G					G				G				G				G				H					H				H				H				H				T					T				T				T				T		
0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures																																																																																																																																
32	31	30			32	31	30		32	31	30		32	31	30		32	31	30																																																																																																																																	
R					R				R				R				R																																																																																																																																			
I					I				I				I				I																																																																																																																																			
G					G				G				G				G																																																																																																																																			
H					H				H				H				H																																																																																																																																			
T					T				T				T				T																																																																																																																																			

45. URINALYSIS: A. SPECIFIC GRAVITY: 1.018		46. CHEST X-RAY (Place, date, film number and result) 426-14-1699-74 OCT NRMC NORMAL	
B. ALBUMIN	NEG	D. MICROSCOPIC	NEG
C. SUGAR	NEG	48. EKG	see above
47. SEROLOGY: (Specify test used and result) 8 JAN 1975 100% 100% 100%		49. BLOOD TYPE AND RH FACTOR AT	50. OTHER TESTS Cholesterol 243 Trig 69 Glucose 121 UREA 16

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70	52. WEIGHT 185	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 136 DIAS. 100	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 88	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		61. NEAR VISION
RIGHT 20/20	CORR. TO 20/	BY S.	CX	CORR. TO	BY
LEFT 20/20	CORR. TO 20/	BY S.	CX	CORR. TO	BY
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	pip passed		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
				69. INTRAOCULAR TENSION TK 05 17.3	
70. HEARING		71. AUDIOMETER			
RIGHT WV 15 /15 SV /15		250 866	500 518	1000 1084	2000 2048
LEFT WV 15 /15 SV /15		3000 2896	4000 4096	6000 6144	8000 8192
		RIGHT	15	10	0
		LEFT	10	10	5
			20	30	40
			50	50	50
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Cystitis treated asymptomatic May 74

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

31 Surgery consult for benign prostatic hypertrophy. By Prince Dr.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

W. DEIGNAN CDR MC USN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

R. D. Prince CAPT DC USN

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

TO: *Hypertensive Clinic 55C* REQUEST FROM: (Requesting ward, unit, or activity) DATE OF REQUEST: *25 Oct*

REASON FOR REQUEST (Complaints and findings)

*BP elevated 156/90 on repeated taking
Annual Phys for FBR No prob
hx.*

PROVISIONAL DIAGNOSIS

Hypertension

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

NAVHOSP OAK
INTERNAL MEDICINE CLINIC
WT. *147* LBS AGE *53*
HT. *5-10* BP
DATE *20 NOV 1974*

*HT Hypertension 164/96
B/P supine
15 standing after exercise 162/98
standing after rest 170/104*

*HBP found 25 Oct 1974 - no known FH - no prior Hx
no FH*

*PE B/Ps above Fundi? normal Co - w/ No LVH
no car bruits No edema*

ur - 0 protein, sedimentary changes.

*Plan: 1) SMA-12, SMA-6
2) Hypertensive IVP
3) HCT 2 50mg qd*

*By parents M.D.
~~2/26/75~~*

(Continued on reverse side)

SIGNATURE AND TITLE: *W. H. G. M. D.* DATE: IDENTIFICATION NO.: ORGANIZATION:
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) REGISTER NO.: WARD NO.:

*Therodell Gurney
F B T*

S/N 0109-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02

ENCLOSURE

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

THREADGILL, BURNEY

Name of Examinee _____

(Type or print)

Last

First

Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-420376-133

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

W. DEIGNAN CDR MC USN
 18 OCT 74

Date

REC-68

EX-105

1-266-27

December 30, 1974

Lieutenant Colonel William R. Bracke
Police Department
310 Lincoln Park Drive
Cincinnati, Ohio 45214

Dear Colonel Bracke:

Burney Threadgill, Jr.

It was certainly thoughtful of you to write on December 16th and comment as you did concerning Special Agent in Charge Bates and my other associates in our San Francisco Office in connection with your recent trip to that city. I want you to know communications such as yours are encouraging to all of us in the FBI and you may be sure the persons you mentioned will share my gratitude for your kind comments.

We were pleased to have you in attendance at the national symposium at Quantico concerning terrorist/extremist matters and look forward to your attendance at similar functions.

With warm personal regards,

Sincerely yours,

G. M. Kelley

Clarence M. Kelley
Director

GEM
12/30

- Assoc. Dir. _____
- Dep. AD Adm. _____
- Dep. AD Inv. _____
- Asst. Dir.:
- Admin. _____
- Comp. Syst. _____
- Ext. Affairs _____
- Files & Com. _____
- Gen. Inv. _____
- Ident. _____
- Inspection _____
- Intell. _____
- Laboratory _____
- Plan. & Eval. _____
- Spec. Inv. _____
- Training _____
- Legal Coun. _____
- Telephone Rm. _____
- Director Sec'y _____

- 1 - Cincinnati - Enclosure
- 1 - San Francisco - Enclosure

Personal Attention SAC: Bring to the attention of appropriate personnel.

NOTE: Colonel Bracke is President of the FBI National Academy Associates. Upon approval, this letter should be routed to the Personnel Records Section of the Files and Communications Division so that appropriate personnel file copies may be prepared.

JCW:dsh

(5) *gem*

MAIL ROOM

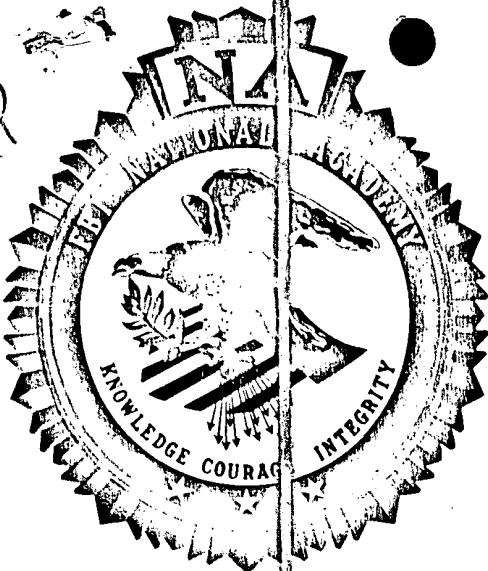
7 1975

TELETYPE UNIT

NPC
12F

JCW

MAILED 6
DEC 30 1974
-FBI



FBI NATIONAL ACADEMY ASSO

December 16, 1974

William R. Brocke

Assoc. Dir.
Dep. AD
Dep. AD
Asst. Dir.
Admin.
Compl. S.
Ext. Aff.
Files &
Gen. Inv.
Ident.
Inspecti
Intell.
Laborato
Legal C
Plan. &
Spec. In
Training
Telephone
Director S

Honorable Clarence M. Kelley, Director
Federal Bureau of Investigation
506 Old Post Office Building
Washington, D.C. 20535

Dear Mr. Kelley:

Please accept my sincere thanks for your personal invitation to attend the national symposium on possible Terrorist/Extremist Attacks on Activities of the American Revolution Bicentennial Celebration held at the FBI Academy at Quantico from December 9 to 12.

The symposium was most informative and much information was exchanged between the command and intelligence participants at the symposium.

I would also like to take this opportunity to convey to you my sincere appreciation for the kindnesses and courtesies extended to me by Special Agent in Charge, Charles W. Bates, of the San Francisco Field Office on the occasion of my recent attendance at the Advisory Policy Board Meeting in that city.

The services rendered by Mr. Bates, his associates in his field office, Special Agents Dan Buckley, [redacted] and his Resident Agent at Carmel, Burney Threadgill, Jr., contributed greatly to the success of the board meeting and to my mission of turning over the gavel to Chief Clyde Klaumann, the incoming President of the FBI National Academy Associates. No problem or need arose in San Francisco that Mr. Bates and his associates did not promptly respond to and satisfy.

REC-63

DEC 20 1974

CORRESPONDENCE

*Ack 12-30-74
Jew:clak EX-105*

Honorable Clarence M. Kelley
December 16, 1974
Page 2

As always, it was a pleasure to work with and be in the company
of our FBI friends.

Warmest personal regards,

William R. Bracke

William R. Bracke
National President
FBI National Academy Associates

WRB:dm

cc: Mr. Charles W. Bates

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

1/6/75

I certify that I have ☒ received ☐ returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 4303
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 4303

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it, and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

3/

Very truly yours,

(Signature)

Burney Threadgill, Jr.

(Typed name)

Burney Threadgill, Jr.

8 JAN 22 1975

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/9/75

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: Threadgill, Burney,
Special Agent
Physical Examination Matter☐ Remylet _____☐ ReBulet _____☒ Re physical examination 10/25/74 _____☐ Dental work was completed on _____☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____

67-NOT RECORDED-5

☒ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: Employee is under care of his personal physician for Hypertension and was advised that he does not have a hernia.

1 - Bureau (Encl. 1)

① - SF

CWB:foc

(2)

ENCLOSURE

HANDLED SEPARATELY

JAN 13 1975

FBI

RECEIVED

8 JAN 21 1975

136

THREE

	NAME	CRED #
SA	Jonn R. Barron	978
SAC	John M. Reed	31
SA	[REDACTED]	
SA	Arthur J. Gesie	2574
SA	[REDACTED]	
SA	[REDACTED]	
SA	Leon F. Brown	5883
SA	Cliffe B. Harriman	6664
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	Bryan J. Mogen	4553
SA	[REDACTED]	
SA	[REDACTED]	
SA	W.L. Dalrymple, Jr.	6284
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	Donald F. Hallahan	3852
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	Richard W. Borchert	5883
AD	Fletcher D. Thompson	76
SA	Philip E. Nottingham	6331
SA	[REDACTED]	
SA	[REDACTED]	
SA	Floyd M. Griffin	169
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	John O. Chadwick	8106
SA	[REDACTED]	
SA	James B. Fanning	6249
SA	[REDACTED]	
SA	[REDACTED]	
SA	Michael J. O'Neil	642
SA	[REDACTED]	
SA	John J. Russell	4787
SA	[REDACTED]	
SA	[REDACTED]	
SA	Don R. Rose	5167
SA	[REDACTED]	

	NAME	CRED #
SA	B.E. Deffenbaugh, Jr.	3404
SA	Wilbert H. Kehe	4520
SA	[REDACTED]	
SA	Donald F. Hallahan	3852
SA	Guy Randolph Beck	7255
SA	Lionel E. Belanger	2125
SA	James J. Hill	1994
SA	[REDACTED]	
SA	[REDACTED]	
SA	Charles N. Hiner	6576
SA	[REDACTED]	
SA	[REDACTED]	
SA	Jacob H. Schmidt	3835
SAC	Ralph J. Miles	41
SA	Ewing G. Layhew	6317
SA	Donald R. Belmont	3354
SA	John V. Hanlon	980
SA	W. Hugh Nott	5063
SA	John M. Page	4038
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	James E. Freaney	2460
SA	Philip E. Kuhlman	3232
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	William N. Kidwell, Jr.	4386
SA	Wilber E. Garrett, Jr.	9285
SA	Robert L. Chapman	5787
SA	Wayne A. Frankenfield	2655
SA	Ewing H. Rauch	1393
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	[REDACTED]	
SA	Donald Lee Mason	2427
SA	[REDACTED]	
SA	[REDACTED]	
SA	Burney Threadgill, Jr.	4303
SA	Leslie L. Vannatta	6493
SA	N.B. Nestlerode, Jr.	6330
SA	Warren A. Cook	4457
SA	[REDACTED]	
SA	William R. Innes	3203
SA	[REDACTED]	
SA	John T. Dunleavy	1603
SA	Claude H. Grace	5441
SA	John H. Sheahan	3991

THE ABOVE 104 AGENT
67-ON FEBRUARY 14, 1975.
5 FEB 5

CREDENTIALS WERE DESTROYED BY [REDACTED]

b6

2-4-75

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: BURNEY THREADGILL, JR.

Where Assigned: SAN FRANCISCO

(Division)

(Section, Unit)

Official Position Title and Grade: Supervisory Special Agent, GS-14

Rating Period: from April 1, 1974 to March 31, 1975

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's Initials

BS

Rated by:

Joseph M. Taylor
Signature

Assistant Special
Agent in Charge

3/31/75

Date

Reviewed by:

Charles W. Bates
Signature

Special Agent
in Charge

3/31/75

APR 29 1975

Rating Approved by:

Eugene W. Walsh
Signature

Assistant Director

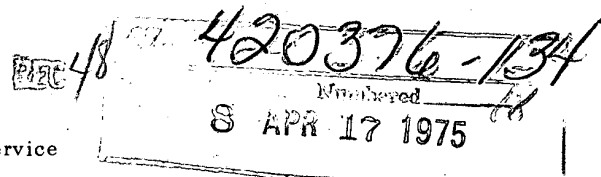
Title

Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special



THREE

4 MAY 1975
54

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS

(For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing.)
- E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)
- ✓ **Satisfactory**
- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
- 0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) 0 A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; + E. Accounting; + F. Other, such as Supervisor.
- Comment** on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA THREADGILL continues his assignment as Senior Resident Agent at Monterey, California. In this capacity, in addition to his general administrative responsibilities as SRA, he has the responsibility as Supervisory Special Agent for the Agents attending the Defense Language Institute at Monterey. SA THREADGILL has an outstanding attitude and is extremely capable in the supervision of the students at DLI, in addition to administering the RA. SA THREADGILL is an affable, willing individual who has exhibited qualities of industriousness, reliability, and enthusiasm. His overall performance is excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☐ Minimum ☒ None

Employee's
Initials

BT

A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands his/her position description.

- B. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- C. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Supervisory; Senior Resident Agent

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

BT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

13. Firearms. Check One: X Qualified Qualified Instructor Expert
- 0 14. Development of informants and sources of information. **Comment** on weaknesses or justify limited participation.
- During rating period developed 0 informants; 0 potential informants.
- SA THREADGILL has had limited participation in the informant program due to the nature of his assignment, principally in the supervision of Agents attending DLI. He currently is responsible for one OA assigned to him.
- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
- A. Reports; E B. Memos, letters, wires.
- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
- + A. Leadership E F. Devising procedures
- + B. Ability to handle personnel + G. Promoting high morale
- + C. Making decisions + H. Getting results
- E D. Assignment of work E I. Furthering equal employment opportunity
- E E. Training subordinates
- E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.
- E 19. Miscellaneous. Specify and rate:
- + Dictation; ☒ Applicant recruitment; Other
- N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in N/A language(s).
- Can handle typical investigative problems as follows:
- A. Conversation form ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- Frequency language ability used during rating period .
- Anticipated use during ensuing year .
- C. Completed Bureau Language School ☐ No ☐ Yes Specify language(s) .
22. Administrative Advancement: ☐ (Check block if not interested.)
- A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
- B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
- C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☒ Excellent ☐ Outstanding
- Explain if interested but not now qualified.
23. Number of Incentive Awards .
- Commendations received from Director: Individual Through Superior .
- Suggestions submitted .
- If none, check block ☒.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
- (List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS BO

May 19, 1975

PERSONAL

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Threadgill:

The circumstances surrounding your obtaining information regarding a possible embarrassing situation involving two of our employees have been reviewed by me. Your failure to bring this information to the immediate attention of your superiors in accordance with established Bureau procedures evidences poor judgment on your part. An administrator of your tenure and experience should be well aware of the necessity to afford prompt attention to any matter involving personnel and in this instance you were remiss.

In the future, you will be expected to carry out your administrative functions in a more alert and proficient manner so that further criticism of this nature may be avoided.

Very truly yours,

Clarence M. Kelley
Director

1 - SAC, San Francisco (Personal Attention)

① - San Francisco Office FBIHQ Personnel File

TEA/mba (5)

DUPLICATE YELLOW

Based on memo Hurns to Walsh, 5-15-75, TEA:mba.

FBI

Date: 4/23/75

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL AIR MAIL - REGISTERED
(Priority)

TO: DIRECTOR, FBI
(Attn: Inspector T. J. Peavey, Jr.)

FROM: SAC, SAN FRANCISCO

RE: SA [REDACTED]
DLI - MONTEREY;
SRA BURNETT THREADGILL
MONTEREY RA
PERSONNEL MATTER

[Handwritten signatures and initials are present over the routing slip and to the right of the TO/FROM/RE fields.]

b6

Re Butelcall 4/21/75, instructing that SRA THREADGILL be interviewed relating to his obtaining of information as to a possible [REDACTED]

Forwarded herewith is a memo prepared by SRA THREADGILL wherein he sets forth the complete facts relating to this incident, which is self-explanatory.

b6

SRA THREADGILL's explanation of [REDACTED]

[REDACTED]

b6

- ② - Bureau (Enc. 2) (AM-RM)
1 - San Francisco
- [Handwritten: det am 6066]*

CWB/jr
(3)

Sent _____ M Per _____

[Handwritten: Memo prepared hunsinger is watch 5/5/75 TEN: yd/mba]

Approved: 4 JUN 4 1975
Special Agent in Charge

May 19, 1975

PERSONAL

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

Dear Mr. Threadgill:

The circumstances surrounding your obtaining information regarding a possible embarrassing situation involving two of our employees have been reviewed by me. Your failure to bring this information to the immediate attention of your superiors in accordance with established Bureau procedures evidences poor judgment on your part. An administrator of your tenure and experience should be well aware of the necessity to afford prompt attention to any matter involving personnel and in this instance you were remiss.

In the future, you will be expected to carry out your administrative functions in a more alert and proficient manner so that further criticism of this nature may be avoided.

REC 50
Very truly yours,

C. M. Kelley

Clarence M. Kelley
Director

1 - SAC, San Francisco (Personal Attention)

1 - San Francisco Office, FBIHQ Personnel File

TEA:mba

Based on memo Burns to Walsh, 5-15-75, TEA:mba.

MAIL ROOM ☐

TELETYPE UNIT ☐

GPO 934-546

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Walsh

DATE: 5-15-75

b6

FROM : S. R. Burns

SUBJECT:

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

SA BURNEY THREADGILL, JR.
Senior Resident Agent - Monterey, California
San Francisco Office
EOD 7-21-47
GS-14, \$30,699
Married, (2 Children); Veteran
PERSONNEL MATTER

R. G. Hunsinger memorandum to Mr. Walsh, dated 5-5-75, set out information regarding a possible [redacted] of the San Francisco Division. It was recommended and approved that SA Threadgill, who first learned of the association, be censured for his failure to handle the matter in accordance with Bureau procedures. Further, it was approved that SAC, San Francisco, should interview [redacted]

REC-136

67-420376-151

Searched _____ Numbered _____

SAC, San Francisco, by airtel dated 5-12-75 (attached), furnished statements of [redacted] Both employees advise they [redacted]

1 - Inspection Division
1 - Mr. Brownfield
1 - Movement
TEA:mba (5)

Enc

5 JUN 9 1975

4 JUN 4 1975

67-420376-151
Searched _____ Numbered _____
5 MAY 27 1975

(OVER)

Memo Burns to Walsh

Re: [REDACTED] and SA Burney Threadgill, Jr.
Personnel Matter

[REDACTED]

SAC recommends no further action inasmuch as nothing has developed to indicate the relationship of [REDACTED]
[REDACTED]

Administrative Division concurs with recommendation of SAC.
San Francisco, that no further action is warranted regarding [REDACTED]
[REDACTED]

RECOMMENDATION:

1. That no further action be taken regarding [REDACTED]
[REDACTED]
2. That attached letter of censure, previously approved, regarding SA Burney Threadgill, Jr., be forwarded.

3. [REDACTED]
[REDACTED]
[REDACTED]

[Handwritten signature]
Ew
RTH

PERMANENT BRIEFS ATTACHED

September 12, 1975

Mr. Burney Threadgill, Jr.
Ridgewood Road, Box 5025
Carmel, California 93921

Dear Mr. Threadgill:

I am sorry that it was necessary for you to undergo an operation, and want to express the hope that this note finds you progressing satisfactorily.

You should heed your doctor's instructions carefully, by no means permitting concern over your absence from duty to retard your recovery.

Sincerely,
Clarence

 Kelley

1 - SAC, San Francisco (Personal Attention)

JLJ

(4) *glj* *hs*

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____

NOT RECORDED
SEP 25 1975
Director Sec'y

MAIL ROOM ☒

TELETYPE UNIT ☐

**PERSONAL INFORMATION
AND/OR
REQUEST FOR LEAVE**

b6

TO : DIRECTOR, FBI

DATE: 9/10/75

FROM: BSAC, SAN FRANCISCOName BURNEY THREADGILL, JR.Social Security No. 426-14-1799Assigned SAN FRANCISCOEOD 7/21/47**REQUEST FOR LEAVE WITHOUT PAY**

LWOP from _____ to _____

Hours of annual leave accrued

Hours of sick leave (if applicable)

Desires advanced annual leave in addition to LWOP

☐ Yes ☐ No

Reason:

If for marriage: (1) Name of future spouse _____, if Bureau employee;
(2) If non-Bureau, has Form FD-292, "Change in Marital Status," been submitted? ☐ Yes ☐ No

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)
(Date of surgery and postoperative condition must be indicated under Remarks)

☐ Accident ☐ Injury ☐ Disease ☒ Operation

Date sick leave commenced

9/8/75

Date ceased active duty

9/5/75

Expected date of return to duty

9/29/75Address: Confined at: ☒ Hospital ☐ Residence

**Community Hospital of the Monterey Peninsula
Carmel, California 93921**

EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued ☐ sick leave ☐ sick and annual leave

Employee has _____ hours of annual leave and _____ hours of sick leave (if applicable) accrued.

DEATHS☐ Father ☐ Mother ☐ Spouse ☐ Daughter☐ Brother ☐ Sister ☐ Son ☐ Other Relationship _____

Name of deceased

Date and place of death

Cause of Death

☐ Natural ☐ Accidental or Other (Explain under additional remarks)

If employee is leaving residence because of this death, what will be his temporary address?

Employee's residence address

Time and date of departure: _____

Anticipated time and date of return: _____

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

SA THREADGILL underwent surgery for resection of prostate gland 9/9/75. His postoperative condition is satisfactory. He will remain in the hospital about five days and will then convalesce at his residence, Ridgewood Road, Box 5025, Carmel, California 93921.

① - Bureau
1 - San Francisco

CWB/jr

(2)

*Div's prostate
sent 9-12-75
flj*

Noted

9-17-75

llc

*entered CRG
9/17/75*

*THRE
[Signature]*

UNITED STATES GOVERNMENT

Memorandum

b6

TO : Director, FBI

DATE: 9/30/75

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION☒ Remylet 9/10/75
☐ ReBulet

- ☐ Re physical examination
☐ Dental work was completed on
☐ Vision has been corrected to Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

- ☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☒ Employee returned to active duty 9/29/75
☒ Employee's physical condition is satisfactory
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Statement from physician will be forwarded when received.

1 - Bureau
1 - San Francisco

/jr

37-NOV RECORDED
10 OCT 14 1975Removed CRT will follow
10-9-75

TCEP

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/7/75

FROM : SAC, SAN FRANCISCO

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.
SPECIAL AGENT
PHYSICAL CONDITION☒ Remylet 9/30/75
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☒ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

ENCLOSURE

No further action
10-14-75
llc① - Bureau (Enc. 1)
1 - San Francisco/jr
(2)

OCT 10 3 31 PM '75

THREE
llc

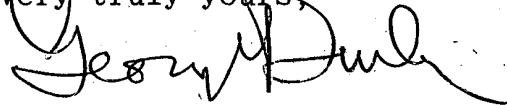
10 OCT 15 1975

Monterey, California
September 29, 1975

TO WHOM IT MAY CONCERN:

Mr. Burney Threadgill has been under my care for the past three weeks. His progress has been satisfactory and he may return to work and assume full duties as of this date.

Very truly yours,

A handwritten signature in cursive script, appearing to read "George E. Dueker". The signature is written in dark ink and is positioned above the printed name.

GEORGE E. DUEKER, M. D.

ENCLOSURE

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, Burney Jr			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. 426-14-1699	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION Annual P.E.		6. DATE OF EXAMINATION 11/21/75	
7. SEX M	8. RACE Cauc	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	11. ORGANIZATION UNIT San Francisco	
12. DATE OF BIRTH 10/28/21		13. PLACE OF BIRTH Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input checked="" type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Employee advised to use protective hearing devices while on firing range.

Initials

Fluence L. O'Connor, R.N.

RE 50

67-420376-138	
Searched	Numbered
1 FEB 3 1976	

ENCLOSURE

THREE

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

RESTORABLE TEETH										NON-RESTORABLE TEETH										MISSING TEETH										REPLACED BY DENTURES										FIXED PARTIAL DENTURES									
1 2 3										1 2 3										1 2 3										1 2 3										1 2 3									
32 31 30										32 31 30										32 31 30										32 31 30										32 31 30									
RIGHT										RIGHT										RIGHT										RIGHT										RIGHT									
X																																																	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16										2 3 4 5 6 7 8 9 10 11 12 13 14 15 16										2 3 4 5 6 7 8 9 10 11 12 13 14 15 16										2 3 4 5 6 7 8 9 10 11 12 13 14 15 16										2 3 4 5 6 7 8 9 10 11 12 13 14 15 16									
32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25									
L										L										L										L										L									
X																																																	
32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25										32 31 30 29 28 27 26 25									
T										T										T										T										T									
X																																																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE 3
CLASS 1
DENTALLY QUAL

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY Straw/CI 1.017		46. CHEST X-RAY (Place, date, film number and result) 11-21-75, 426 14 1699, Normal chest NRMC OAKLAND	
B. ALBUMIN Neg	C. SUGAR Neg	D. SUDAN III Amorph	E. WBC 0-1
47. SEROLOGY (Specify test used and result) VDRL-Non-Reactive		F. EKG See	G. BLOOD TYPE AND RH FACTOR See
48. EKG See		49. OTHER Chol 255	
50. OTHER Trg 82		51. OTHER GLU 132.H	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70	52. WEIGHT 182	53. COLOR HAIR Grey	54. COLOR EYES Brown	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
------------------	-------------------	------------------------	-------------------------	---	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)				
A. SITTING SYS. 120 DIAS. 78	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.	

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/20	CORR. TO 20/	BY	S.	CX	CORR. TO
LEFT 20/20	CORR. TO 20/	BY	S.	CX	CORR. TO

62. HETEROPHORIA (Specify distance)							
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT	LEFT	Normal				CORRECTED	

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION	
						OD 20.6 T 5.5 WL OS 20.6 T 0.935	

70. HEARING			71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV	/15 SV	/15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192				
LEFT WV	/15 SV	/15	RIGHT	10	10	15	15	40	45	45	60			
			LEFT	5	10	10	20	30	40	45	60			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Sept-9 '25 had a prostatic resection for benign prostatic hypertrophy at Community Hosp of Monterey Peninsula Ca.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S
None.						

77. EXAMINEE (Check)	B. PHYSICAL CATEGORY
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Performing duties of FBT officer B. <input type="checkbox"/> IS NOT QUALIFIED FOR	

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
ARROO R RAO MD Lcdr USNR	ARROO RAO

80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
R.F. PROUVENCER Lcdr USN	PROVENCER

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

THREADGILL
Last

BURNEY
First

JR.
Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis: _____

17-420376-138
ENCLOSURE

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

A Roor MD
Signature of Medical Examiner

11/21/75
Date

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
(Attn: Administrative Division)

DATE: 1/21/76

FROM : SAC, SAN FRANCISCO

SUBJECT: SRA BURNEY THREADGILL, JR.
MONTEREY RESIDENT AGENCY
SAN FRANCISCO DIVISION
RESTORED ANNUAL LEAVE

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

SA THREADGILL desires to apply to have nine (9) days annual leave restored to him that he lost by not taking this leave prior to 1/3/76. These nine days were to have been taken 12/12-24/75. This leave was applied for and approved 11/14/75.

This nine days of annual leave could not be taken due to assignments in the Monterey RA involving [redacted] (182-1441); a personnel matter, and [redacted] (77-15452). As the SRA in Monterey it was necessary for SA THREADGILL to be present and work these matters.

It is requested that these nine days of annual leave be added to employee's present leave.

ASAC Monterey advised SA Threadgill on 12/23 Jan 1/2/76

67-420376-138X
Searched _____ Numbered _____
10 MAR 25 1976

- ② - Bureau
- 1 - San Francisco

JJM/jr
(3)

See Addendum Page 2
SEE ADDENDUM OF THE ADMINISTRATIVE DIVISION PAGE 3...



5010-110

4 APR 2 1976

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE

125

ADDENDUM OF SPECIAL INVESTIGATIVE DIVISION RFH:rar 1/27/76

Due to the fact that SA Threadgill applied for his leave of nine days prior to November 14, 1975, Special Investigative Division concurs with SAC, San Francisco, that the nine days of annual leave be added to SA Threadgill's present leave.

WUC
g

~~RAA~~ me

SRA Burney Threadgill, Jr., San Francisco Division, requested nine days annual leave (AL) on 11/14/75 for the period 12/12/75 through 12/24/75. This AL was approved by SAC, San Francisco. SRA Threadgill was unable to utilize the scheduled AL as a result of the exigencies of public business.

Federal Personnel Manual states that the restoration of unused AL can be made when: (1) the exigencies of public business or operational demand were of such importance as to preclude the use of scheduled AL. The operational demands may be unanticipated or anticipated; and (2) the AL must have been scheduled in advance.

Civil Service Commission (CSC) has established a time limit of two years within which restored AL must be used by the employee. This time limit does not begin with the start of the leave year within which the leave was restored but the starting date is the date fixed by the agency head, or his designated official, as the termination date of the exigencies of the public business which resulted in the forfeiture of the AL. The time limit is not necessarily exactly two years from the starting date. Rather, the time limit ends at the end of the leave year in which the end of the second year occurs.

Computer Systems Division, FBIHQ, has advised that SA Threadgill has 72 hours AL which will be forfeited as of the end of the 1975 Leave Year.

Special Investigative Division, FBIHQ, concurs with the recommendation of SAC, San Francisco, concerning the restoration of unused AL to SA Threadgill.

RECOMMENDATIONS:

(1) That 72 hours AL be restored to SA Threadgill, San Francisco Division.

(2) That the attached letter to SAC, San Francisco, advising of the restoration of leave to SA Threadgill be approved.

OK
rw

fw

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/30/76

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: Burney Threadgill, Jr.
Special Agent
Physical Examination Matter☐ Remylet _____
☐ ReBulet _____

67-NOT RECORDED

☒ Re physical examination 11/21/75
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of
firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No. If answered
no, explain under remarks.
☐ Future participation in firearms is remote and weapon will be returned to the Bureau.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and
are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and
immediately submit your recommendation for the return of this agent to headquarters city.Remarks: Bureau will be advised of results of repeat Glucose test as soon
as received in this office.1 - Bureau (Encl. ENCLOSURE)
1 - SF
CWB:foc
(2)

RECEIVED SEPARATELY

Bulet SAC
(no yew)
re: EKG
2-6-76
amjwill follow
2-6-75
amjTHREE
DOJ FBI

5 FEB 9 1976

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/9/76

FROM : SAC, San Francisco

Attention: Personnel Section

SUBJECT: Burney Threadgill, Jr.
Special Agent
Physical Examination Matter☐ Remylet _____
☒ ReBulet 2/6/76☒ Re physical examination 11/21/76☐ Dental work was completed on _____☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No. If answered no, explain under remarks.☐ Future participation in firearms is remote and weapon will be returned to the Bureau.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☐ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Ekg report states precordial leads V 1-2-3 probably mismounted.
Left anterior hemiblock.

① - Bureau
1 - SF
CWB:foc
(2)

No further action
2-13-76
lee

67-NOT RECORDED
Enclosure 8 FEB 17 1976

THREE
DOJ/FBI

REC-136

February 12, 1976

Lib return in view
of Sec. 8336(c) 5 USC,
act and eff. cb 2-27-76,
annuity to commence
2-28-76.

PERSONAL

WS, RS, 56 prep
le
pic

Mr. Burney Threadgill, Jr.
Federal Bureau of Investigation
San Francisco, California

LEB; INV. m/c

Mailing List
ADD Change Noted
3/25/76 DDD

66 prep seq

Dear Mr. Threadgill:

I have your letter of January 30, 1976,
submitting your application for retirement, and am sorry
to see you leave.

Let me take this opportunity to express my
appreciation for the loyal and devoted service you have
given our organization, and thus to the Nation. You are
certainly entitled to be proud of your achievements, and
I am glad to note that you have found your association with
the Bureau and its personnel to be so rewarding.

It will be a pleasure to place your name on
our mailing list to receive the Law Enforcement Bulletin and
"The Investigator" as you requested. Thank you for your
kind comments, and I hope that the future will be filled with
happiness for Mrs. Threadgill and you.

Sincerely,

Clarence Kelley

Salary 6814(5-7) \$32,231
y

Assoc. Dir. FW:mjg
Dep. AD Adm. (8)
Dep. AD Inv. 1 - SAC, San Francisco (Personal Attention) Enclosures (5) The attached
Asst. Dir.: Form 3-496 with 3 enclosures should be given to SA Threadgill. There is also
Admin. attached a copy of Form 3-496 for your information.
Comp. Syst. 1 - [redacted]
Ext. Affairs 1 - [redacted]
Files & Com. 1 - [redacted]
Gen. Inv. 1 - Data Processing Section (Sent Direct) *RB/*
Ident. 1 - [redacted] (Last physical on 10-25-74) *JD*
Inspection 1 - [redacted] - SA Threadgill's cease active duty date is 2-27-76. *mcf*
Intell. 1 - [redacted]
Laboratory
Legal Coun. EOD 7-21-47, SA. Forwarding address: Ridgewood Road, Box 5025, Carmel,
Plan. & Eval. California 93921.
Spec. Inv.
Training NOTE: SA Threadgill is qualified by age and service for retirement under
Telephone Rm.
Director Sec'y MAIL ROOM ☒ TELETYPE UNIT ☐

(OVER)

GPO: 1975 O-44-120

Mr. Burney Threadgill, Jr.

(Continued)

liberalized provisions of the Civil Service Retirement Act. He is assigned as Senior Resident Agent, Monterey, California Resident Agency, San Francisco Office, in GS-14, \$32,231 per annum.

RETIREMENT INFORMATION

Name: **Burney Threadgill, Jr.**Date: **2-12-76**

APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☐ Not applicable.
- ☒ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ 44.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 1 year, 0 months, 11 days of accrued sick leave, ☒ other civilian Government service and/or ☒ military service known to us, totalling 32 years, 6 months, 18 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

TYPES OF ANNUITY

Married applicants only

- | | With Deposit | Without Deposit | With Redeposit | Without Redeposit | With Deposit & Redeposit |
|--|-----------------|-----------------|----------------|-------------------|--------------------------|
| <input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) | \$ <u>1847*</u> | \$ <u>1846*</u> | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Annuity Without Survivor Benefit | \$ <u>2025*</u> | \$ <u>2025*</u> | \$ _____ | \$ _____ | \$ _____ |

Unmarried applicants only (Including Widowed or Divorced)

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| <input type="checkbox"/> Annuity without Survivor Benefit | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

plus annuity for each eligible child.

SEPARATION FROM ROLL:

Since you ☒ will cease active duty ☐ ceased active duty on 2-27-76 your annuity will commence 2-28-76

immediately following the ☒ cease active duty date or ☐ expiration of sick leave on _____

earned through _____. Item B2 on application ☐ changed to ☐ should be changed to close of business

_____. If ☐ annual leave or sick leave was or will be used by you subsequent to _____ this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 3750. A deduction for Federal income tax has been made from this estimate.

*The above annuity figures include the 5.4% cost-of-living increase effective 3-1-76.

CLOSURE

67-420376-139

(over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ _____.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 38,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age beginning at \$1.73 monthly for persons under age 35 and ranging to \$30.33 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on _____. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☐ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☒ Yes; beneficiary designated as _____ wife, all.
- This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

b6

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCE - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

Your Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Spouse and Children		Amount Continued at Retirement	Semi-Annual Cost
			Spouse	Child		
\$ 3,000	\$ 1,500	\$ 3.25				
8,500	4,250	12.25				
9,500	4,750	15.00				
12,000	6,000	20.00				
15,000	7,500	25.75				
19,000	9,500	33.50				
24,500	12,250	48.00				
29,000	14,500	58.50				
39,000	19,500	75.00				
45,000	22,500	87.50				
			\$ 2,500	\$1,000	\$1,250	\$ 2.25
			5,500	4,500	2,500	8.00
			11,000	4,500	5,000	16.00
			13,000	NONE	6,000	20.00

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI):

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children from age 1 to 19 (or 23 if full-time student.) Upon retirement your premium cannot be withheld by payroll allotment. You should contact Wright & Company who in turn will issue a monthly premium payment book. Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI; you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

ENCLOSURE

- ☒ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System"
- ☒ Standard Form 2801-B, "Physician's Statement," for disability retirement.

ADDITIONAL INFORMATION
SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (<i>Last, First, Middle</i>)	2. DATE OF BIRTH (<i>Month, Day, Year</i>)	3. SOCIAL SECURITY ACCOUNT NUMBER
THREADGILL, BURNEY, JR. (NMN)	10-28-21	426141799

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (<i>Month</i>) (<i>Day</i>) (<i>Year</i>)	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (<i>Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees?</i>)
8-21-44	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is **NOT** acceptable for retirement purposes. If employee claims civilian service **NOT** verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (<i>If any</i>)	REMARKS
10-18-46	Appointed	CAF-3	State Department		
		\$2168.28 p/a			
12-20-46	Terminated				
7-21-47	Appointed		FBI	CS	(Retirement deductions began)
2-27-76	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-9-10			TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0		

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT?	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (*By prior comparison with official military discharge certificate*) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
5-5-43	1-31-46	U. S. Army	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 2-8-27			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY?	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (<i>See FPM Supplement 831-1, Retirement, Subchapter S3-5f.</i>)
<input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available.	<input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available.
<input checked="" type="checkbox"/> No.	<input checked="" type="checkbox"/> No. (<i>Including cases where waiver unnecessary</i>)

426141799-139 *3/10/21*

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, <u>attach</u> agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• <u>Attach</u> certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • <u>Attach Duplicate</u> copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • <u>Send Original</u> copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;"> 2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage) </div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information: <div style="text-align: center;"> 442 Enrollment Code Number 3209215 Carrier Control Number </div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation <u>attach</u> original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder. HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and <u>all</u> personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval <u>before</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted <u>after</u> separation for retirement. HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and <u>all</u> personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to <u>final</u> SF 2806, when submitted <u>after</u> separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records. 2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. 3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter 322.
--

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL	
OFFICIAL TITLE Personnel Officer	DATE 2-12-76
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & P Ave. N. W. Washington, D. C. 20535	



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
San Francisco, California

January 30, 1976

In Reply, Please Refer to
File No.

Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.:	_____
Admin.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

Mr. Clarence M. Kelley
Director
Federal Bureau of Investigation
Washington, D.C.

Dear Mr. Kelley,

I respectfully submit my application for retirement as Senior Resident Agent, Monterey, California, Resident Agency, at the close of business on February 27, 1976.

This is my twenty-ninth year as an Agent with the Bureau, and it has been a pleasurable and most rewarding experience for which I will always be grateful. The high caliber of personnel associated with the Bureau, the reputation and esteem in which the organization is held, and the opportunity to serve our country has made it a very rewarding career and leaves me many pleasant memories.

I will consider it a privilege to be of any service to the Bureau at anytime in the future, and will be grateful if you will place me on the Bureau's mailing list to receive the Investigator as well as any other publications which are available to retirees.

I wish to take this opportunity to congratulate you in your position as Director and express my appreciation for your leadership and direction.

Sincerely,

Burney Threadgill, Jr.
Burney Threadgill, Jr.

FD-193 & SF 801
del. & sent to
4/6/76 me

Letach 2/12/76.
FW:myd

THREE

05
3/27/76
SAC, San Francisco

February 9, 1976

Director, FBI

PERSONAL ATTENTION

ANNUAL LEAVE - LEAVE YEAR 1975
FOR SA BURNETT THREADGILL, JR.
SS#426-14-1799

Reurlet 1/21/76.

Bureau leave records disclose SA Threadgill forfeited 72 hours of annual leave earned during the 1975 Leave Year. This is equivalent to the amount of leave he scheduled for use during the period 12/12/75 through 12/24/75 but was unable to use because of work exigencies; this amount is being restored in a special account for his later use. You should advise SA Threadgill of this information, and it will be incumbent on you to advise the Bureau of the date work exigencies terminate.

SA Threadgill must schedule and use the annual leave credited to him in accordance with the regulations contained in Time and Attendance Manual, Part I, Section I, page 14, paragraph G6(a).

- 1 - Data Processing
1 -
1 - Bureau (1-66-19150)

b6

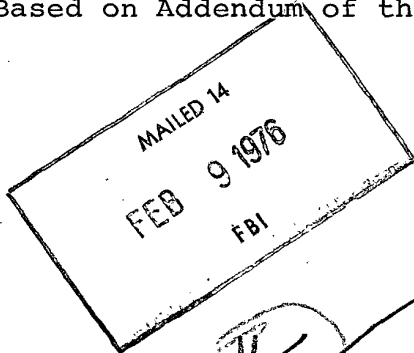
REC-133

67-420376-139X
Searched _____ Numbered _____
10 MAR 25 1976

JJS:rjw
(7)

Based on Addendum of the Administrative Division, 2/5/76, JJS:rjw.

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____



SRB/tw

tw

4 APR 2 1976

MAIL ROOM ☒ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/3/76

Attention: Administrative Division

FROM : SAC, SAN FRANCISCO

SUBJECT: Burney Threadgill, Jr.

1. Pay Admin. idg2. Property idg4 Payroll idg1. Pay Admin. idg2. Property idg4 Payroll idg

The following is submitted in connection with the separation of the above employee who
ceased duty 2/27/76 ☐ Resignation ☒ Retiring

☐ Military Leave ☐ Absence for Maternity Reasons

The following Bureau property obtained and is ☐ enclosed, ☐ transmitted under separate
cover by ☒ registered mail ☐ railway express

☒ Bureau Badge with case # 526

☒ Commission Card with case # 4303

☐ Agent's Brief Case

☐ Zipper Brief Case

☒ Colt Official Police Revolver # 692179

☐ S & W Military and Police Revolver # _____

☒ Holster and adapter for above revolver

☒ FBI Handbook # 4880 FD 474 attached *

☐ Inspectors' Manual # _____

☒ GTRs numbers C-0,290,711 - C-0,290,720

(retained in office for future use)

☒ FBIRA Card ☒ destroyed, ☐ not a member, ☐ unable to locate

☐

☐ FBI Identification Card # _____, destroyed in office

☐ Handbook for FBI Employees, retained for future use

☐ U. S. Government Operator's Identification Card # _____, destroyed in office

☐ Non-Agent Credential Card with case # _____

☐

The following are attached for the Bureau:

☐ Performance Rating as of the cease-active-duty date if employee will be absent
for maternity reasons or is separating for military service and there has been a
substantial change in performance since last rating.

☐ Electrocardiogram tracings

☐ Report of Medical History

Forwarding address: Ridgewood Road

Box 5025

Carmel, California 93921

ENCLOSURE

Agents Only: Is above forwarding address changed from that shown on exit interview
form? ☐ Yes ☐ No

Remarks: *SA Threadgill was SRA, handbook is being retained in
RA and will be charged out to new SRA.

②-Bureau

1-Package (RAM)

1-San Francisco

41 Enc. MAR 19 1976

THREE

TO: DIRECTOR, FBI

FROM: SAC, SAN FRANCISCO

DATE: 1/30/76

Name of Employee BURNEY THREADGILL, JR.	EOD Date 7/21/47	Title Supervisory SRA, GS-14
Last Local Address Ridgewood Road, Box 5025, Carmel, Ca. 93921	Forwarding Address (include Zip Code, if known) Same	
Cease-active-duty Date (hour and last day physically at work) 5:00 p.m., 2/27/76	Working Hours (include workweek if other than Monday - Friday) 8:15 a.m. - 5:00 p.m.	

Interview Conducted By (Signature)

Title

Special Agent in Charge

LEAVE DATA

Leave category ☐ 4 ☐ 6 ☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date.

AL 272 SL 2102

Hours of annual leave carried over at beginning of current leave year.

AL 240

Leave to be used prior to cease-active-duty date.

Note: Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation.

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL SL

READ BEFORE INTERVIEWING

Purposes:

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item M. Comments.

A.

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)

8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B.

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)
Check both reason and type.
Reason:
☐ a. Promotional
☐ b. Enter different field
Type:
☐ a. Other Government employment
☐ b. Private industry
☐ c. Self-employment
17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School; ☐ locally; ☐ other area

22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal
☐ All involuntary separations
☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement
☒ Optional (including liberalized); give reason
☐ Disability
28. ☐ Other (Explain under comments)

C. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item M. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

a. ☐ Advised employee any money due being held in abeyance until determination is made as to any indebtedness.

b. ☐ Advise Bureau of resignation. Attention Data Processing Section on

by ☐ teletype ☐ telephone

1 - Bureau (Enc. - Letter of Retirement)

2 - San Francisco (1 - P/F)

CWB/jr

(1 - 67-5947)

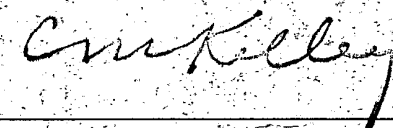
(over)

- D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No
- G. If employee is resigning for maternity purposes, appropriate block must be marked:
- ☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
- ☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
- ☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No
- I. Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage, he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No
- J. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- K. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- L. The retiring employee is qualified and desires the ☐ 20-year plaque ☒ 25-year plaque ☐ 30-year plaque. *Mr. McKenzie's of adv. nps 2/9/76*
- M. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

Spend time with family.

- N. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes", give current adjective rating and basis for change.
- O. For SA Employees Only. Have reason(s) for resigning been thoroughly discussed with employee? Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employees control? ☐ Yes ☐ No N/A
- P. Recommendations re reinstatement: ☐ Yes ☐ No (If No, explain why.)
N/A

NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

1. NAME (CAPS) LAST-FIRST-MIDDLE HARRIS, J. R.		MR. - MISS - MRS. MR.		2. (FOR AGENCY USE)	3. BIRTH DATE 10-26-21	4. SOCIAL SECURITY NO. 428-14-1700
5. VETERAN PREFERENCE 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP 1	7. SERVICE COMP. DATE 2-28-76	
9. FEGLI 1-1 COVERED (Regular only declined, Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT 1-1 CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)
12. CODE NATURE OF ACTION 302 RETIREMENT - VOLUNTARY				13. EFFECTIVE DATE 02-27-76		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15. FROM: POSITION TITLE AND NUMBER 1-1 VISUALLY SPECIAL AGENT 100-100 100				16. PAY PLAN AND OCCUPATION CODE GS 1811		17. GRADE OR LEVEL (a) 14 STEP OR RATE (b) 07
18. SALARY \$34251.11						
19. NAME AND LOCATION OF EMPLOYING OFFICE						
20. TO: POSITION TITLE AND NUMBER						
21. PAY PLAN AND OCCUPATION CODE				22. GRADE OR LEVEL (a) STEP OR RATE (b)		23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE						
25. DUTY STATION (City-county-State)						26. LOCATION CODE
27. APPROPRIATION S. & E., FBI				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-EXCEPTED SERVICE 2		29. APPORTIONED POSITION FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE
30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. C. DURING PROBATION						
<p>HE VOLUNTARILY RETIRED IN VIEW OF SECTION 8336(c) (5) USE OF THE CIVIL SERVICE RETIREMENT ACT. (AT LEAST AGE 50, AND 20 YEARS OF MORE QUALIFYING EXPERIENCE).</p> <p>ANNUITY PAYMENTS TO COMMENCE 2-28-76.</p> <p>EMPLOYEE ORALLY ADVISED HE WAS DESIRING TO SPEND MORE TIME WITH HIS FAMILY.</p> <p>Paid hereon for the period 2-15-76 thru eb 2-27-76. Lump-sum payment to cover 344 hours commencing bob 3-1-76 and ending eb 4-28-76.</p>						
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> 67-NOT RECORDED APR 20 1976 </div>						
<div style="text-align: right;"> CERT. RESIGN  3/17 </div>						
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)				34. SIGNATURE (Or other authentication) AND TITLE		
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)				35. DATE		
33. CODE EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION DJ 02 WASHINGTON, D. C. 20535				4. PERSONNEL FOLDER COPY		

EMPLOYEE SERVICE STATEMENT
(See information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE THREADGILL, BURNEY, JR. (NMN)	MR.-MISS-MRS. MR.	2. BIRTH DATE (Mo.,Day,Yr.) 10-28-21	3. SOCIAL SECURITY NO. 426-14-1799	4. STATEMENT NO. 1
--	-----------------------------	---	--	------------------------------

5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS YES NO	IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MOS.	DAYS		
A. PREVIOUS CIVILIAN SERVICE							0	2	3		
B. SERVICE PERFORMED IN THIS AGENCY	7	21	47	2	27	76	28	7	7	X	
C. MILITARY SERVICE	5	5	43	1	31	46	2	8	27		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡							31	6	7		

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM - YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

☐ NONE - TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT

☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

☐ LUMP SUM REFUND ONLY

☒ IMMEDIATE ANNUITY

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

8. SIGNATURE OF EMPLOYEE <i>Burney Threadgill</i>	DATE 2/27/76	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS FEDERAL BUREAU OF INVESTIGATION ROOM 6065 J. EDGAR HOOVER BUILDING 10th ST E&T & PENNSYLVANIA AVE., N. W WASHINGTON, D. C.
9. SIGNATURE OF AGENCY OFFICIAL <i>L. Ray Burns</i>	DATE 2-17-76	
10. TITLE OF AGENCY OFFICIAL PERSONNEL OFFICER		

2815-101

8 MAR

1976

Official Personnel Folder Copy - Completion Instructions on Reverse

STANDARD FORM 2815
MARCH 1974
FPM SUPPLEMENT
831-1

INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

Items 1-3 Must agree with SF-50.

Item 4 Number statements in consecutive order.

Item 5 Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.

Item 6 Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (*Only one box is to be checked*).

None—Check if the employee transfers to another position subject to the Civil Service Retirement System.

Refund Only—Check if the employee fails to meet either of the two general requirements for retirement upon separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

Deferred Annuity or Refund — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

Immediate Annuity — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission.
50	20	
Any age	5	Total disability; "one of two" rule, above, does not apply.

Item 7 Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.

Item 8 The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.

STANDARD FORM 56 FEBRUARY 1968 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-108		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle) Threadgill, Burney, Jr.		2(a). DATE OF BIRTH (Month, Day, Year) 2(b). SOCIAL SECURITY NUMBER 10-28-21 426 14 1799	
3. CHECK THE REASON FOR TERMINATING INSURANCE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> (a) <input type="checkbox"/> SEPARATED (b) <input checked="" type="checkbox"/> RETIRED </div> <div style="width: 25%;"> (c) <input type="checkbox"/> DIED HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="width: 25%;"> (d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS </div> <div style="width: 25%;"> (e) <input type="checkbox"/> OTHER (Specify) </div> </div>			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> (a) <input checked="" type="checkbox"/> CURRENT SF 54 ATTACHED </div> <div style="width: 30%;"> (b) <input type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY </div> <div style="width: 30%;"> (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) </div> </div>			
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 2-27-76		6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$ 35,937 PER ANNUM	
7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):		8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)	
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (Personal signature of authorized agency official)		February 27, 1976 (Date)	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Typed name of authorized agency official)		Supervisory Special Agent (Title)	
Federal Bureau of Investigation (Name of agency)		Washington, D. C. 20535 (Mailing address, including ZIP Code of agency)	

prep lds c

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

Orig of 2810 copy of 2810
 to send at Ridgeview
 Rd, Box 5025, Carmel
 Calif 93921. Copy of
 2810, orig of 2810, 2810
 of 2810 sent to D.C. 5-1-76

3/100

57 PART 3 FILE COPY
 1 MAR 25 1976

130

INSTRUCTIONS TO EMPLOYING AGENCY

Back of Page

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415; and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
Threadgill, Burney Jr.	10-28-21	3209215
4. ADDRESS (INCLUDING ZIP CODE)	5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
Ridgewood Road Box 5025 Carmel, California 93921	15-02-0001	442
	7. SOCIAL SECURITY ACCOUNT NUMBER	8. DATE THIS ACTION BECOMES EFFECTIVE
	428 14 1799	2-27-76

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☒ Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Employee annuitant

Part K.—DATE OF NOTICE

S. Ray Burns
SIGNATURE AUTHORIZED AGENCY OFFICIAL3-1-76
DATE67-NOT RECORDED
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535
2 MAR 23 1976

ADDRESS (INCLUDING ZIP CODE)

Quadruplicate — For Official Personnel Folder

Standard Form No. 2810
October 1972
FPM Supplement 890-1

APPLICATION FOR RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Rewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) THREADGILL, BURNEY (NMN), JR.			2. LIST ALL OTHER NAMES YOU HAVE USED		
3. ADDRESS (Including ZIP code) Ridgewood Road Box 5025 Carmel, California 93921			4. PHONE NUMBER (Including Area Code) (408) 624-8728	5. DATE OF BIRTH (Month) (Day) (Year) 10/28/21	6. SOCIAL SECURITY ACCOUNT NUMBER 426 14 1799
7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN?		
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) (Last) 10/20/56		HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 10/20/56	HER (OR HIS) SOCIAL SE- CURITY ACCOUNT NUMBER	PLACE OF MARRIAGE (City) (State) Berkeley, California	MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last)		DATE OF BIRTH (Mo.) (Day) (Yr.)		CHILD'S NAME (First) (Middle) (Last)	

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE U.S. DEPARTMENT OF JUSTICE - FBI P.O. BOX 36015, 450 GOLDEN GATE AVE. SAN FRANCISCO, CALIFORNIA 94102		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 2/27/76	3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 29 MILITARY 3		
4. TITLE OF LAST POSITION Senior Resident Agent, Monterey, California, Resident Agency					
5. DO YOU HAVE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES' HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER 3209215 ENROLLMENT CODE NUMBER 442		
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
Army of the U.S.	34 630 481	5/05/43	1/31/46	1st Sgt.	Co. "C," 326th Glider Inf.
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MIL- ITARY RETIRED PAY? (Retired pay does not include V.A. pen- sion or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED.

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year)
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM 12/85

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. **INITIALS** **ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER**

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

\$

all

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will not begin until your death.

2. **INITIALS** **ANNUITY WITHOUT SURVIVOR BENEFIT**

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. **INITIALS** **ANNUITY WITHOUT SURVIVOR BENEFIT**

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.

- This type provides annuity payments to you only.

2. **INITIALS** **ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring *unmarried* employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will not begin until your death.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

1/30/76
(DATE)

(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____

WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

(DATE)

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

SIGNATURE OF RESP

OFFICIAL TITLE

Authorized
Certifying Officer

DATE

3-15-76

DEPARTMENT OR AGENCY

Federal Bureau of Investigation

TELEPHONE NUMBER, INCLUDING AREA CODE

202 EX3-7100 EXT. 5940

OFFENSES BARRING ANNUITY PAYMENTS: 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

**ADDITIONAL INFORMATION
IN REPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT**

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle)	2. DATE OF BIRTH (Month, Day, Year)	3. SOCIAL SECURITY ACCOUNT NUMBER
THREADGILL, BURNEY, JR. - (NMN)	10-28-21	426 14 1799

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (Month) (Day) (Year)	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)?
8-21-44	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
10-18-46	Appointed	CAF-3	State Department		
		\$2168.28 p/a			
12-20-46	Terminated				
7-21-47	Appointed		FBI	CS	(Retirement deductions began)
2-27-76	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-9-10			TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0		

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT?	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
5-5-43	1-31-46	U. S. Army	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 2-8-27			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY?	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.)
<input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available.	<input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available.
<input checked="" type="checkbox"/> No.	<input type="checkbox"/> No. (Includes cases where waiver unnecessary)

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below:	<input type="checkbox"/> NO. Give reason below:
<input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	<input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
<p align="center">2-14-68</p> <p align="center">(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)</p>	
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information:	<input type="checkbox"/> NO. Give reason below:
<p align="center">442</p> <p align="center">Enrollment Code Number</p> <p align="center">3209215</p> <p align="center">Carrier Control Number</p>	<input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	

PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT

SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☐ Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)
- NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.

HEALTH BENEFITS DOCUMENTATION

- ☐ Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.

PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE

SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☒ Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.

HEALTH BENEFITS DOCUMENTATION

- ☒ Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

- Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
- Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
- Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.

SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL

OFFICIAL TITLE

Personnel Officer

DATE

2-12-76

AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE

FBI 202-324-4981

9th St. & Pa Ave. N. W.

Washington, D.C. 20535



#00087

128-11-1799

LAST NAME			FIRST NAME			MIDDLE NAME			SEX		DATE OF BIRTH			AGENCY	PAY ROLL OFFICE	LOCATION	
									M	F	MONTH	DAY	YEAR				
1. THREADGILL			BURNEY			JR.			X			10	28	21	Justice	FBI	Washington
2. _____										NO. _____							
3. _____																	
4. _____																	

(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)

SERVICE HISTORY				FISCAL RECORD				
EFFECTIVE DATE (1)	ACTION (2)	BASE PAY (3)	REMARKS (4)	YEAR (5)	CALENDAR YEAR SALARY DEDUCTIONS (6)	ACCUMULATIVE TOTAL SALARY DEDUCTIONS (7)	DO NOT USE (8)	REMARKS (9)
BSI (PL 87-100) approved 10/11/62		\$12,610*	GS 13 SA	1962	760.37	7,788.49		
Effective 10/11/62				1963	\$20.56	\$609.85		
BSI (PL 87-100) approved 10/11/62				1963				
Effective 1/1/63		\$13,265		1963	731.34	7,788.49		
6-7-63	WGI	13,650		1964	727.16	10,457.55		
BSI (PL 89-301) approved 10/25/63		14,175		1964	752.92	11,210.47		
Effective 10/10/65		14,685		1967	1,019.46	12,459.93		
6/05/66	WGI	15,120		1968	1,082.46	13,542.89		
BSI (PL 89-301) approved 1/1/66		15,561	GS 13	1969	1,188.33	14,731.22		
Effective 1/3/66				1970	1,436.57	16,167.79		
BSI (PL 90-205) approved 12/1/67				1971	1,526.60	17,694.39		
Effective 10/8/67		16,207						
BSI (Executive Order 11413) approved 1/11/68		\$17,289						
Effective 1/14/68		\$17,769						
6-1-69	WGI							
BSI (Executive Order 11474) approved 7/13/69		19,501						
Effective 7/13/69								
BSI (PL 91-221) approved 4/15/70		\$20,673						
Effective 12/28/70								
BSI (Executive Order 11575) approved 1/8/71		21,905						
Effective 1/10/71								
BSI (Executive Order 11637) approved 12/22/71		23,112						
Effective 1/9/72								

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
10	28	21	Miss.	Leflore	Greenwood
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N		MILITARY SERVICE _____ YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
RETIREMENT AGE _____		MILITARY PENSION OR WAR RISK COMPENSATION _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	

THREADGILL

Burney

Jr.

(SURNAME)

(FIRST NAME)

(SECOND NAME)

SEX M

RACE W

MILITARY SERVICE

YES X NO

RETIREMENT AGE

MILITARY PENSION OR WAR RISK COMPENSATION

YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY			MOS.	DAYS	YRS.
	Enlisted				5-5-43	U.S. Army			
	Discharged				1-31-46	(Verified)			
	Appt.				10-18-46	State Dept.			
	Sep.				12-20-46	(Verified)			
	Exc.Appt.	Sp.Empl-Agt CAF 10		4525.80	7-21-47	JUSTICE, Fed.Bur.Inv. Fld.			
	Reassign.	Special Agent "		"	7-27-47				
	Salary Fixed by Act Approved 7/3/48 Same Grade			4855.80	7-11-48				
	Per Inc			4961.20	7-25-48				

EDUCATION:

COMMON SCHOOL

HIGH SCHOOL

COLLEGE

DEGREES, IF ANY.

(INDICATE NUMBER OF YEARS)

	1	2	3	4	5	6	7	8
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								

1 2 3 4

1 2 3 4

SPECIAL QUALIFICATIONS.

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL THREADGILL BURNIEY JR		2. ARMY SERIAL NO. 34 630 481	3. GRADE 1ST SGT	4. ARM OR SERVICE INF	5. COMPONENT AUS
6. ORGANIZATION CO C 326TH GLIDER INF		7. DATE OF SEPARATION 31 JAN 46	8. PLACE OF SEPARATION SEP CEN CP SHELBY MISS		
9. PERMANENT ADDRESS FOR MAILING PURPOSES GREENWOOD LEFLORE MISS		10. DATE OF BIRTH 28 OCT 21	11. PLACE OF BIRTH BILOXI MISS		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE BOUGHT SEE 9		13. COLOR EYES BROWN	14. COLOR HAIR BLACK	15. HEIGHT 5'9"	16. WEIGHT 155 LBS.
17. NO. DEPEND.	18. CIVILIAN OCCUPATION AND NO. STUDENT X 02				
19. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)	20. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)	21. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

MILITARY HISTORY

22. DATE OF INDUCTION 28 APR 43		23. DATE OF ENLISTMENT 5 MAY 43		24. DATE OF ENTRY INTO ACTIVE SERVICE CP SHELBY MISS	
25. PLACE OF ENTRY INTO SERVICE CP SHELBY MISS		26. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9			
27. LOCAL S.S. BOARD NO. 2		28. COUNTY AND STATE LEFLORE MISS			
29. MILITARY OCCUPATIONAL SPECIALTY AND NO. 1ST SGT 502		30. MILITARY QUALIFICATION AND RATE (i.e., infantry, aviation and marksmanship badges, etc.) NONE			
31. BATTLES AND CAMPAIGNS CENTRAL EUROPE					
32. DECORATIONS AND CITATIONS ATO MED; EAMETO MED; WORLD WAR II VICTORY MED					
33. WOUNDS RECEIVED IN ACTION NONE					
34. LATEST IMMUNIZATION DATES			35. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
SMALLPOX AUG 44	TYPHOID AUG 44	TETANUS SEP 44	OTHER (specify) TYP MAY 45	DATE OF DEPARTURE 26 JAN 45	DATE OF ARRIVAL 6 FEB 45
36. TOTAL LENGTH OF SERVICE			37. HIGHEST GRADE HELD		
CONTINENTAL SERVICE			FOREIGN SERVICE		
YEARS 2	MONTHS 2	DAYS 2	YEARS 0	MONTHS 7	DAYS 2
38. PRIOR SERVICE NONE			39. HIGHEST GRADE HELD 1ST SGT		
40. REASON AND AUTHORITY FOR SEPARATION AR 615 365 CONVN OF GOVT RRI-1 (DEMOBILIZATION)					
41. SERVICE SCHOOLS ATTENDED NONE				42. EDUCATION (Years) Grammar 8 High School 4 College 4	

PAY DATA

43. LONGEVITY FOR PAY PURPOSES YEARS 2 MONTHS 9 DAYS 4		44. MUSTERING OUT PAY TOTAL \$ 300 THIS PAYMENT \$ 100		45. SOLDIER DEPOSITS NONE		46. TRAVEL PAY 13 28		47. TOTAL AMOUNT OF DISBURSING OFFICER 76 76	
--	--	---	--	-------------------------------------	--	--------------------------------	--	--	--

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C.											
48. KIND OF INSURANCE <input checked="" type="checkbox"/> Army <input type="checkbox"/> U.S. Govt <input type="checkbox"/> Home		49. HOW PAID <input checked="" type="checkbox"/> All-in <input type="checkbox"/> Direct to V. A.		50. Effective Date of All-in 31 JAN 46		51. Date of Next Premium Due 28 FEB 46		52. PREMIUM DUE EACH MONTH \$ 6.60		53. INTENTION OF VETERAN TO <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue	

54. SIGNATURE OF PERSON BEING SEPARATED <i>Burniey Threadgill Jr</i>	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) NO TIME LOST UNDER AW 107 LAPEL BUTTON ISSUED ASR (2 SEP 45) 37 SEPARATED FROM THE SERVICE ON A PARTIAL SERVICE RECORD AND AFFIDAVIT FROM THE SOLDIER.	
	56. PERSONNEL OFFICER (Type name, grade and organization - signature) AVA P LEATHERMAN 1ST LT WAC <i>AVA P Leatherman</i>	

Filed for record February 6th, 1946. Recorded in Book 6 Page 393. A R Bev, Clerk, Leflore County, Mississippi.



Honorable Discharge

This is to certify that

BURNEY THREADGILL JR 34 630 481 FIRST SERGEANT
COMPANY "C" 326TH GLIDER INFANTRY

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at

SEPARATION CENTER
CAMP SHELBY MISSISSIPPI

Date

31 JANUARY 1946

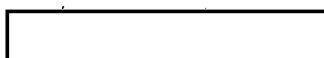
ARCHIE SORENSON
MAJOR AUS

March 19, 1976

TO WHOM IT MAY CONCERN:

This is to certify that Burney Threadgill, Jr. was appointed Special Agent of this Bureau on July 21, 1947. He served in that capacity through July 8, 1972. On July 9, 1972, he was appointed Supervisory Special Agent and served continuously in that capacity through February 27, 1976. During his service with this Bureau, Mr. Threadgill participated in and supervised the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336(c) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,



b6

Authorized Certifying Officer

AGENT CREDENTIALS DESTROYED 3/29/76

[redacted]
William A. Morrison #4132
John F. Ganley #7288
[redacted]

Vernon E. Daniels #6196
[redacted]

Robert E. Sheehan #6798
Del D. Drake, Jr. #7283
August J. Baumgartner #2433
Charles E. Brunner, #7318
[redacted]

Burney Threadgill, Jr. #4303
[redacted]

Marvin C. Evans #6009
Cliffe B. Harriman #6664
[redacted]
[redacted]

John A. Yatteau #453
[redacted]

Richard W. Armstrong #2027
[redacted]

Thomas J. Stickney #7101
Donald L. Allen #6191
[redacted]

Anthony J. Maloney, Jr. #4631
[redacted]

George D. O'Clock #8931
Robert E. Shortelle #352
[redacted]

Karl L. Stefansson #138
Solomon F. Quinn #5510
[redacted]

Philip T. Basher #62
[redacted]

Charles A. Harvey #6666
Paul J. Mohr #66
W. V. Cleveland #33
Vincent L. Insera #3069
[redacted]

Edward P. Gazur #6476
[redacted]

George F. Zografos, Jr. #5402
[redacted]

Richard F. Schaller #421
[redacted]

Armand A. Cammarota #3810
[redacted]

Charles R. Wood, Jr. #2293
Richard T. Rabideau #3628
[redacted]

John Navarrete #8287
[redacted]

David W. Bowers #203
W. Raymond Wannall #12
[redacted]

Ernest L. Landreville #6725
Orvis J. Auerswald #5648
[redacted]

W. A. Branigan #2355

I certify that the above 88 credentials have been destroyed
by me on 3/29/76

67-NOT RECORDED
2 MAR 30 1976

83

FILED
3

Field Firearms Training Record
FD-40 (Rev. 4-10-63)

Shreadgill, Burney Jr.

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Month-Day-Year								Rifle	MG			
SF	3/23/70		82		92.6	80							close combat 94 plb
"	5/25/70				88		17						plb
"	7/20/70		88	90.0				80	74	92			ab
"	9/28/70		89	91			15						ab
"	10/9/70	210											ab
"	11/16/70	237											ab
"	11/15/71	239											ab
"	2/11/71	242											ab
"	4/21/71			92		90			86				close combat 98 kn
"	5/19/71		92	90			16						ab
"	7/15/71		86	78.8				80	94				klm
"	9-29-71		96	86			12						klm
"	10/21/71	231											may
"	11/27/71	233											may
"	1/24/72	240											may
"	2/7/72	240											may
"	3/29/72			86		100			87				close combat 92 BB
"	5/17/72												TRC-war m up 88 BB
"	5/17/72						12						TRC 89 BB
"	7/11/72		88	79.6				100	85				may
"	9/13/72												TRC 83 may
"	9/13/72						12						CC 90 may
"	11/27/72	220											may
"	12/7/72	220											may
"	2/1/73	232											may

Special Agent

Shreadgill, Burney Jr.

Threadgill, Burney Jr.

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Month - Day - Year								Rifle	MG			
SF	2-3-67	270	-										
"	3-22-67		92	91			18						
"	5-17-67		96		86	90							off
"	7-27-67		100	94			17						off
"	9-20-67		92	86						92		SG#4 80	col
"	11-17-67	222											col
"	11-17-67	228											col
"	1-12-68	250											col
"	2-7-68	270											col
"	3-27-68		92	90			19						col
IS	5/27-6/7/68						16/25		82	98			col
SF	7-24-68		90	94.4						96		SG#4 80	lky
"	10-2-68		94		88		12						lky
"	10-11-68	242											lky
"	11-8-68	243											lky
"	2/25/69	235											off
"	1/13/69	240											off
"	5/7/69		100		87	90							lky
"	5/7/69		100		92		16						lky
"	9/11/69		100		92					98		SG#4 100	lky
"	9/11/69		98		92		16						lky
"	10/21/69	232											lky
"	11/17/69	238											lky
"	1/13/70	240											cs
"	3/23/70	237											cs

MEDICAL REPORTS

Personnel File of: THREADGILL BURNES

Personnel File No. _____

Retired
2-27-76



3/12

NOT RECORDED
JAN 1976

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ANNUAL PHYSICAL DESK 67B						None		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
44	M	Adm	70	171	124/82	PHYSICAL DESK 67B			18 AUG 66
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Sinus						+20°		AURIC. VENT. 65	
INTERVALS						P WAVES			
PR 13 QRS .08 QT 1.32									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Witjin normal limits.

(Continue on reverse)			
NO.	SIGNATURE	TITLE	DATE
ECG 5836	C. SHAEFFER/C. WOLFF		8/18/66
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

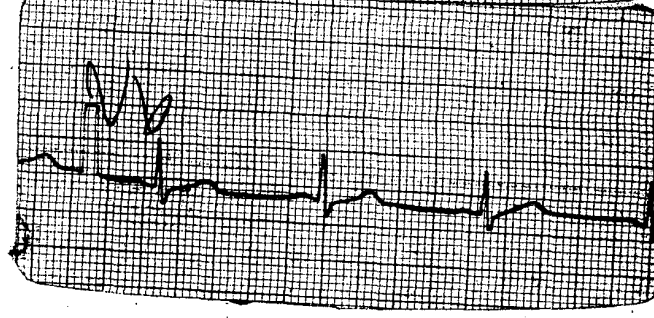
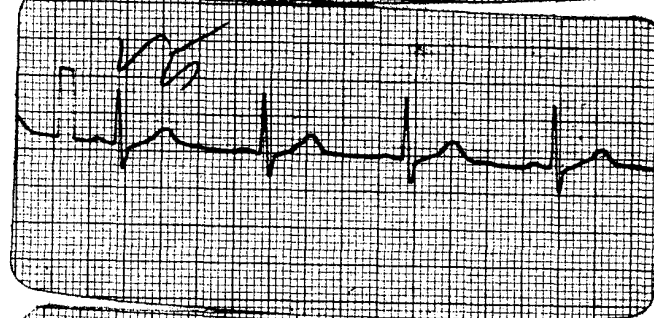
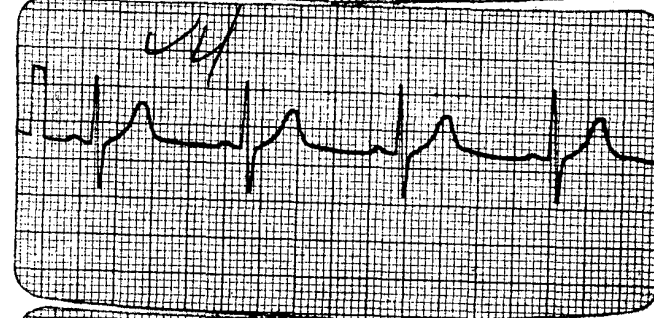
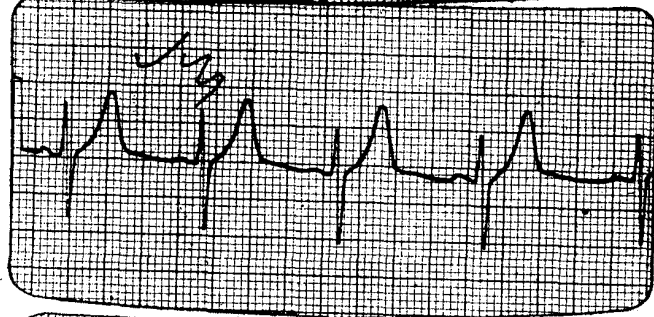
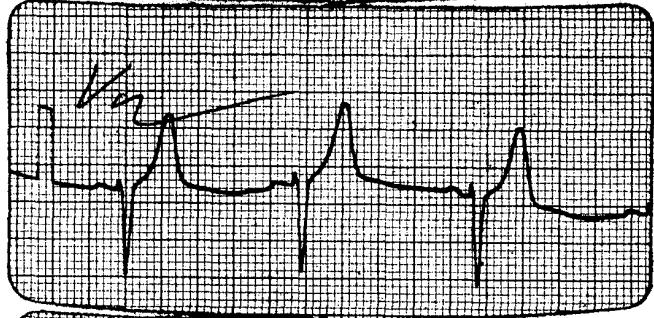
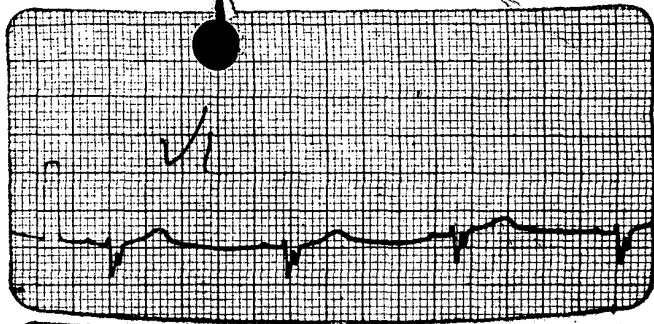
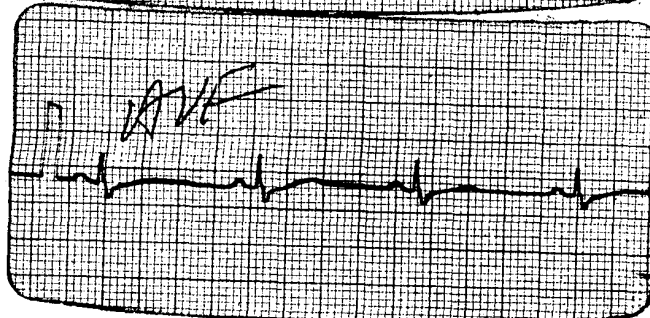
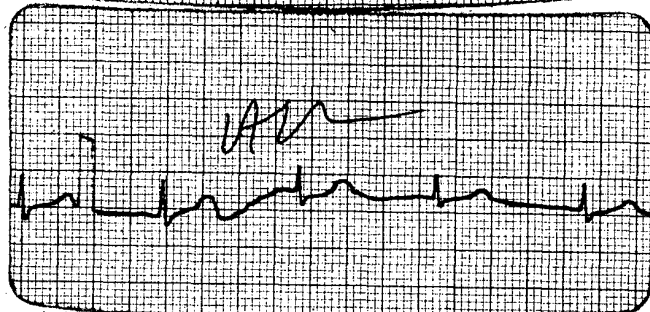
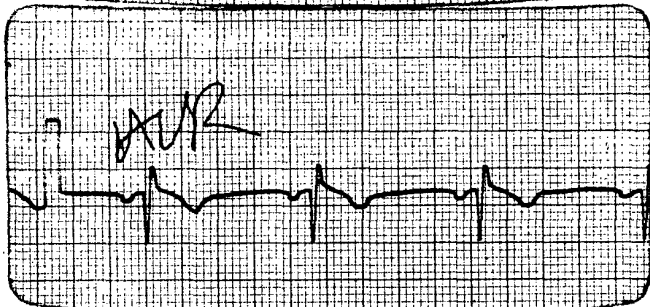
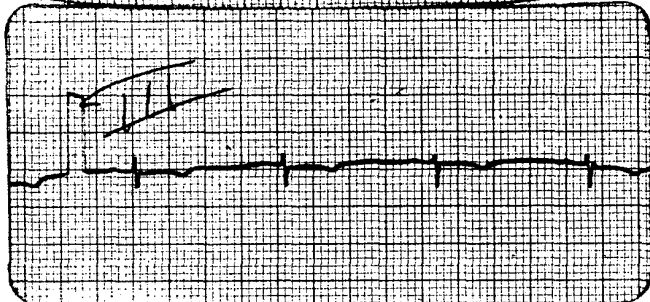
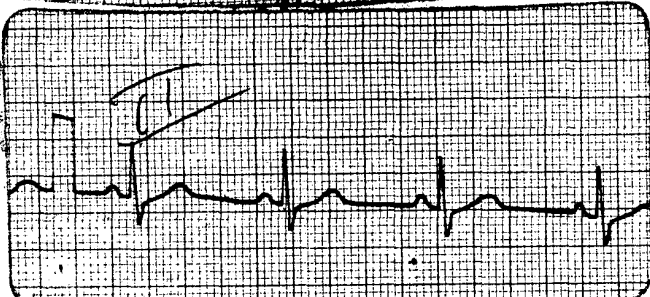
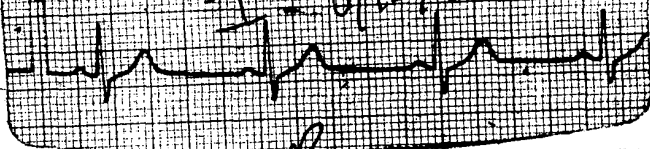
THREADGILL, Burney Jr.
F.B.I.

Initials

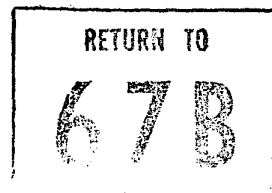
HEALTH SERVICE

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

THREAGILL, Burney
I-8/8/66



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION F. B. I. ANNUAL						MEDICATION		<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 45	SEX M	RACE C	HEIGHT 70"	WEIGHT 171	B. P.	SIGNATURE OF WARD PHYSICIAN Phy. Desk			DATE 8-27-67
RHYTHM						AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									



PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

- 8-24-67
1. Normal tracing.
 2. No significant change since 8-18-66.

(Continue on reverse)

NO. ECG	SIGNATURE R. RIGGINS	TITLE	DATE 8-28-67
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.
THREADGILL, Burney Jr.			WARD NO.

F.B.I. ANNUAL

Initials

OCT 11 1967

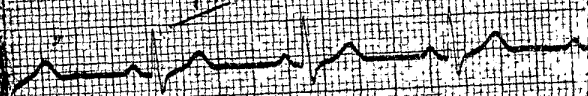
HEALTH SERVICE

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

Thiadgil 8-28-67



II



III



AVR



AVL



AVF



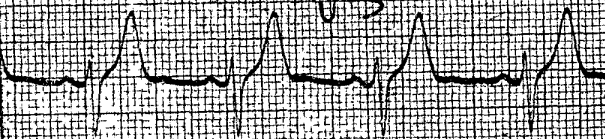
V1



V2



V3



V4



V5



V6



V1

V2

V3

V4

V5

V6

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>FB1 Annual Eval. for hypertension</i>						MEDICATION <i>None</i>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN <i>M. Gay</i>			DATE
<i>42</i>	<i>M</i>	<i>CAH</i>	<i>70</i>	<i>160</i>					
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within Normal Limits. dated 7/22/65.
2. No significant change since ~~23 July 64~~ 23 July 64.

gk

(Continue on reverse)			
NO. <i>ECG 6075</i>	SIGNATURE <i>H. Harkins</i>	TITLE <i>LCDR MC USN</i>	DATE <i>7/23/65</i>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. <i>FB1</i>	WARD NO. <i>Q70</i>

Threadgill, Bunny

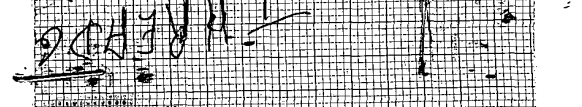
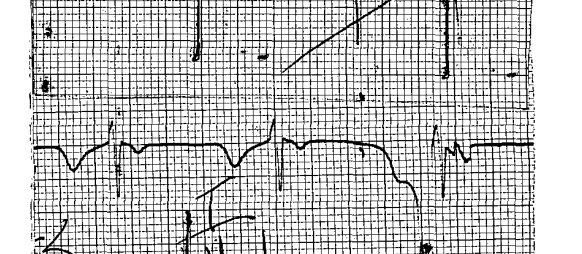
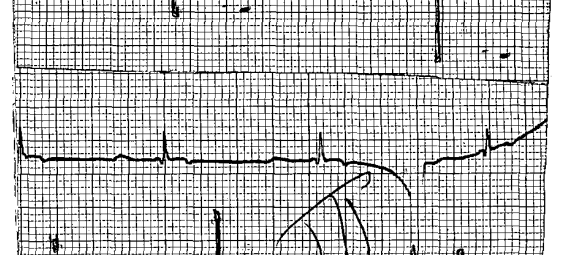
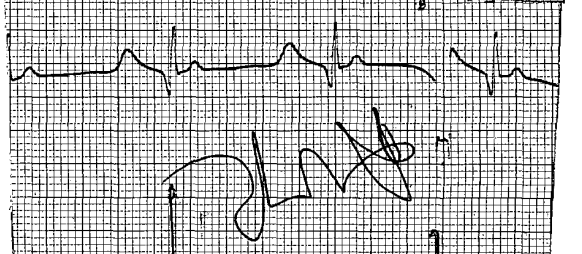
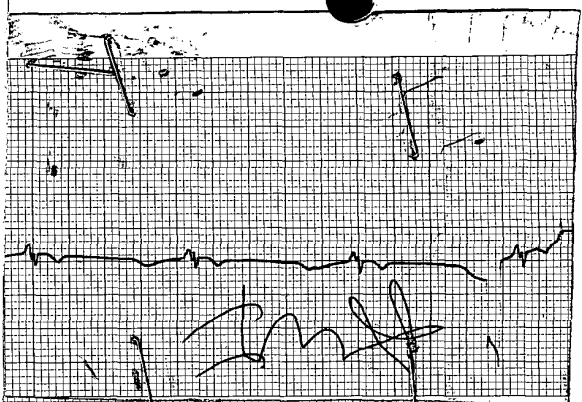
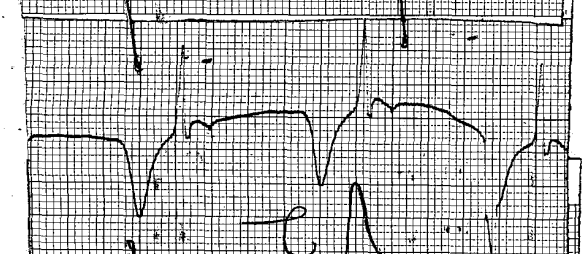
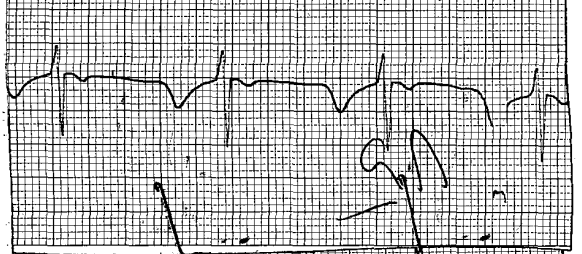
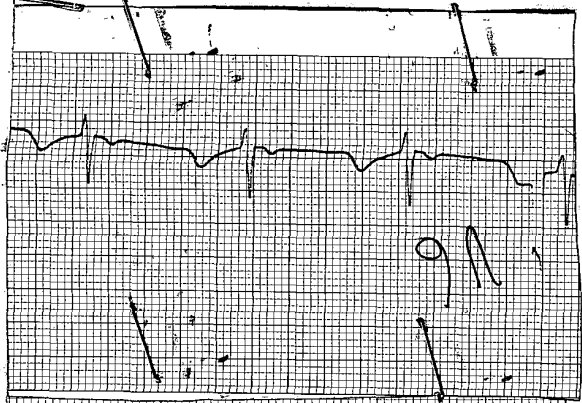
AUG 24 1965

FB1 Annual

HEALTH SERVICE

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

med clinic



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CLINICAL IMPRESSION RPE						MEDICATION				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE	<input type="checkbox"/> BEDSIDE <input type="checkbox"/> AMBULANT
AGE 42	SEX M	RACE	HEIGHT 70½	WEIGHT 171	B. P.	SIGNATURE OF WARD PHYSICIAN Dr. Gay				DATE	
RHYTHM						AXIS DEVIATION (QRS)				RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES					
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Since 7-18-63 there is the appearance of a non-diagnostic T wave in L3.
2. The tracing is probably within normal limits.

59-1702

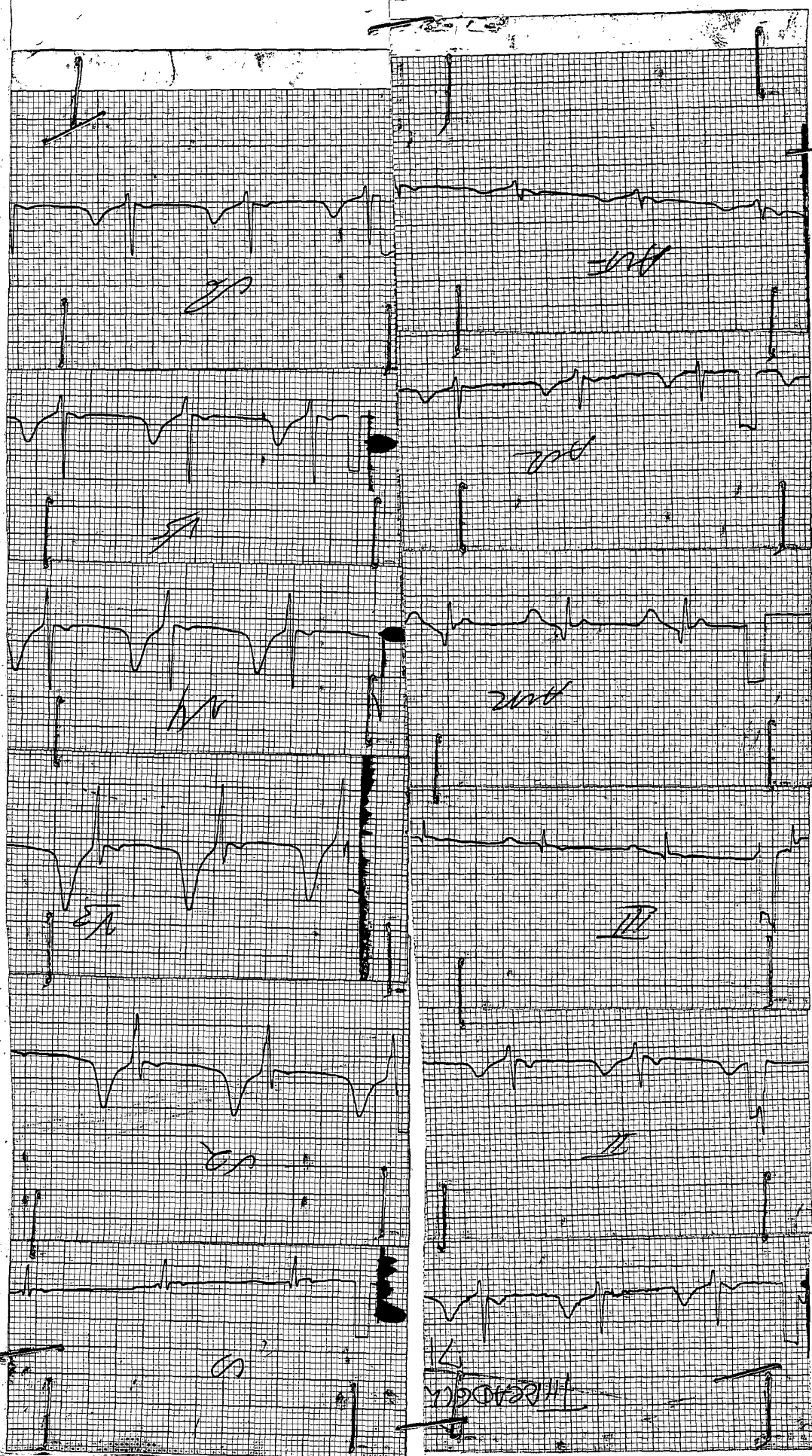
(Continue on reverse)

NO. ECG	SIGNATURE J. E. MC CREEDY <i>W. Gay</i>	TITLE LT MC USNR	DATE 7-23-64
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. 67-B

Threadgill, Burney
FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

Initials



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD						PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE	
RHYTHM						AXIS DEVIATION (QRS)						RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES							
QRS COMPLEXES													
RS-T SEGMENT						T WAVES							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

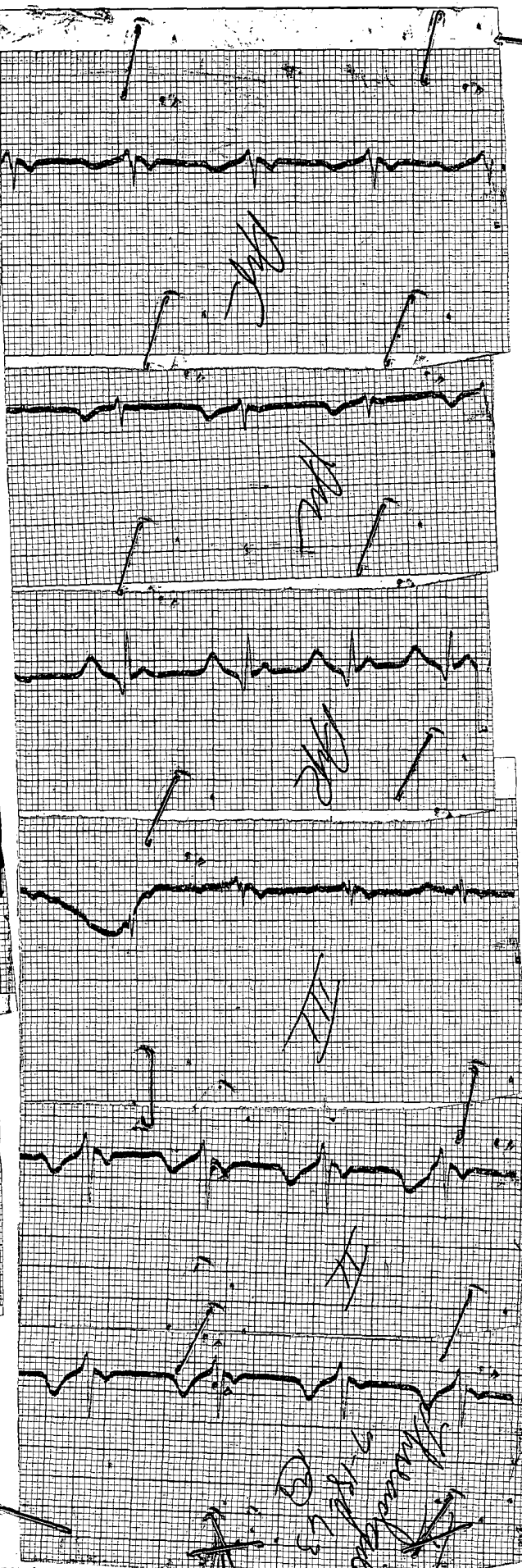
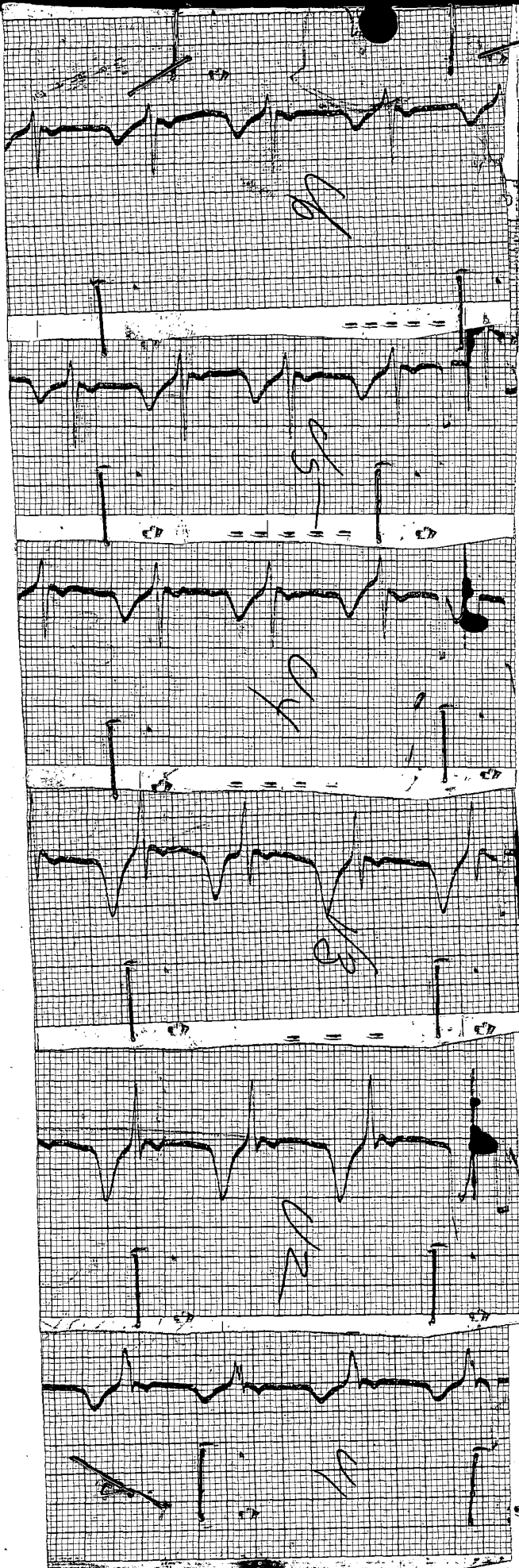
1. Within normal limits.
2. Although demonstrating slight right ventricular conduction delay.
3. No significant change since the last tracing of 7-26-62.

(Continue on reverse)

NO. ECG	59-1102	SIGNATURE	D.A. LEE	TITLE	LCDR MC USN	DATE	7-18-63
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO. 67-B	

THREADGILL, BURNEY FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



Handwritten notes at the bottom right of the page, including the date "11/16/63" and the name "Schwartz".

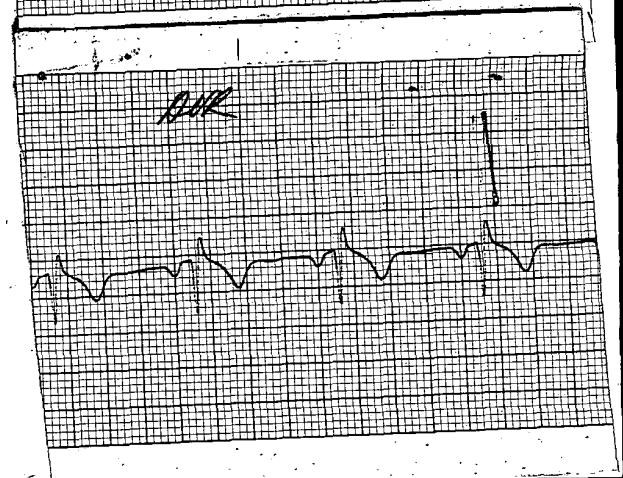
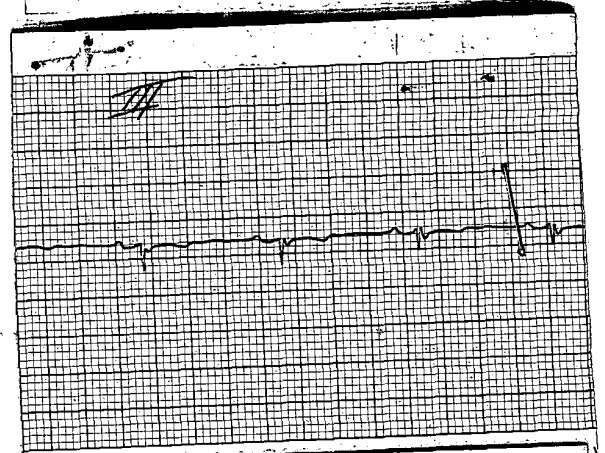
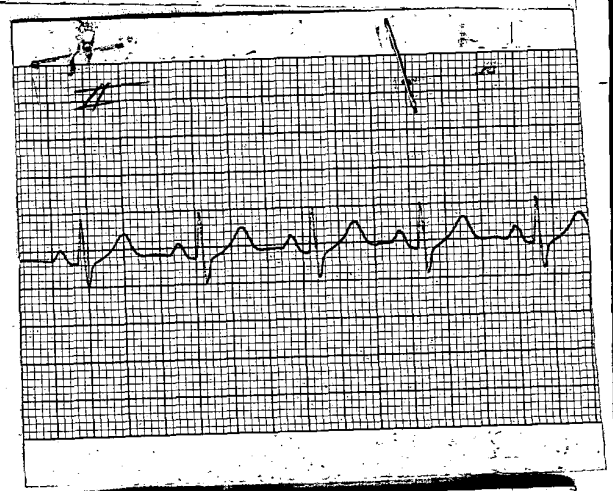
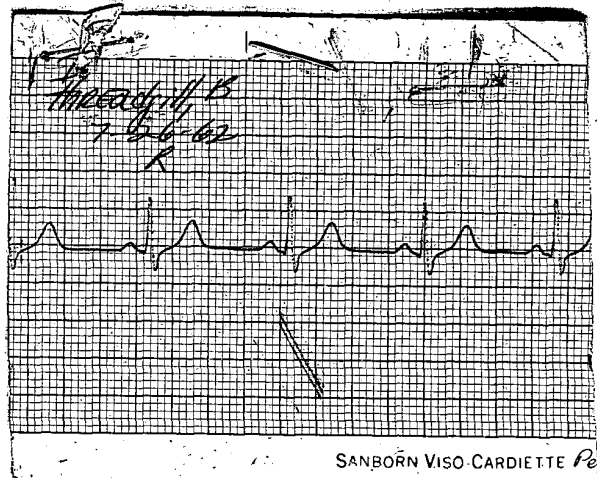
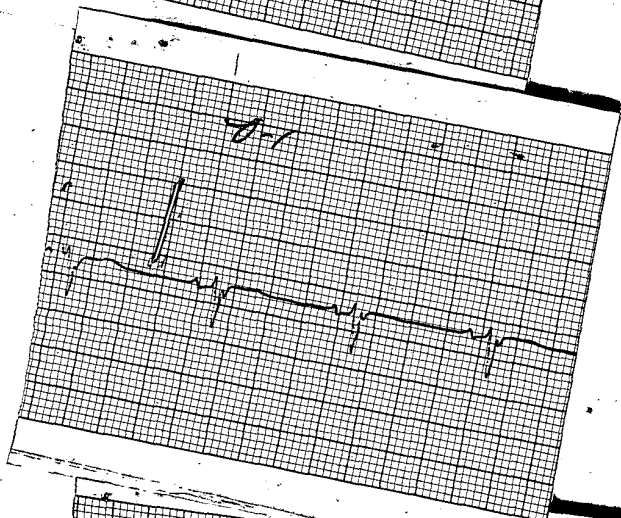
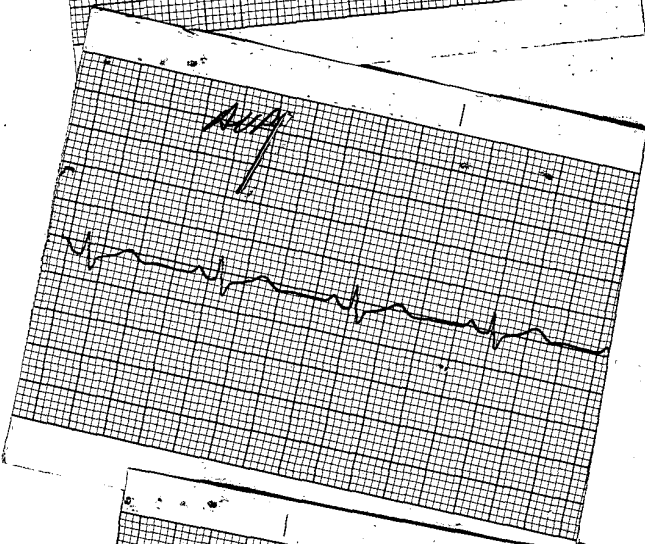
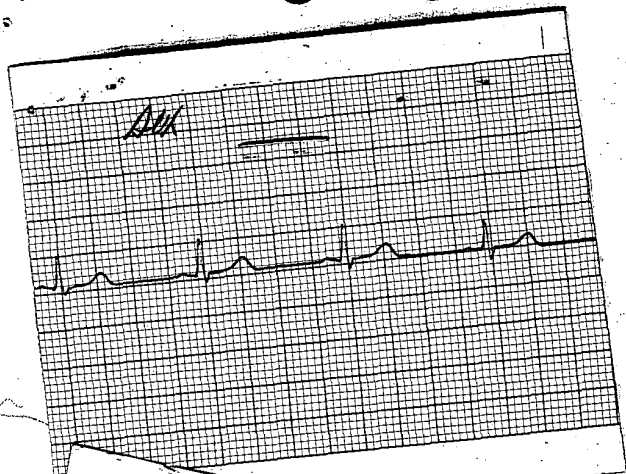
CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD					PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION					MEDICATION					<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
RHYTHM					AXIS DEVIATION (QRS)					RATES	
INTERVALS					P WAVES					AURIC. VENT.	
PR					QRS					QT	
QRS COMPLEXES											
RS-T SEGMENT					T WAVES						
UNIPOLAR EXTREMITY LEADS (Specify)											
<div style="font-size: 2em; font-family: cursive;">B</div>											
PRECORDIAL LEADS (Specify)											

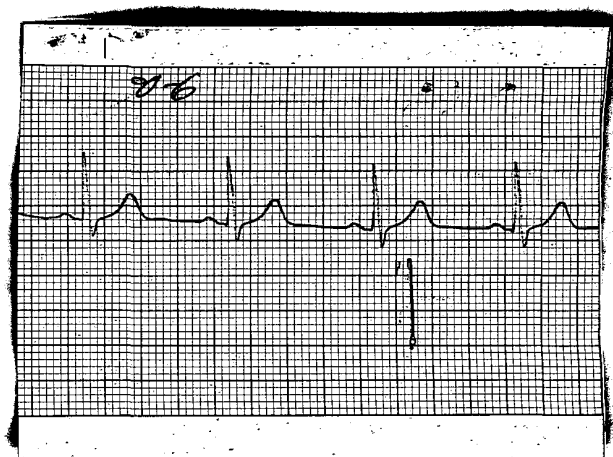
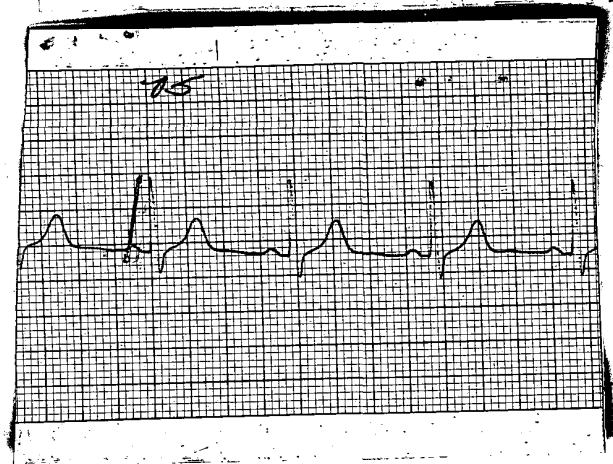
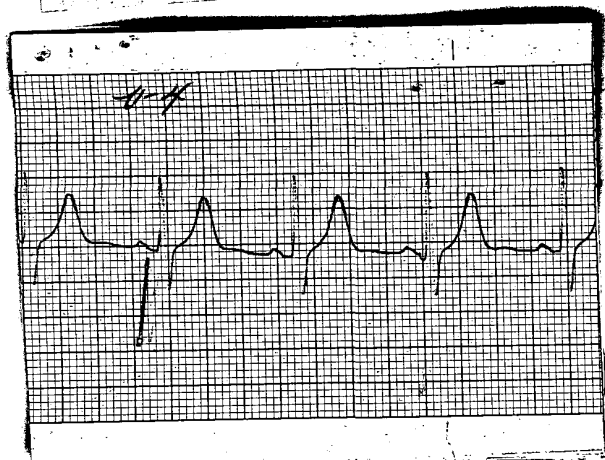
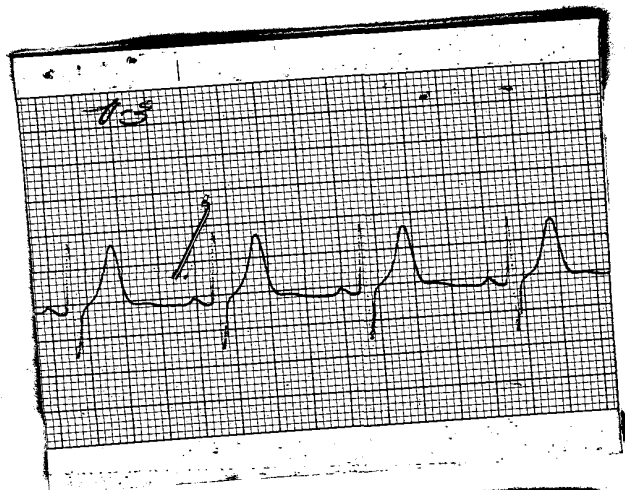
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Slight right ventricular conduction delay.
2. No change since 7-12-61.

(Continue on reverse)			
NO. 59-1702	SIGNATURE <i>J.B.H.</i> J. B. HILL	TITLE LT. MC USN	DATE 7-26-62
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) THREADGILL, BURNEY F B I		REGISTER NO.	WARD NO. 67-B

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD						PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE	
RHYTHM						AXIS DEVIATION (QRS)						RATES AURIC. VENT.	
INTERVALS						P WAVES							
PR						QRS						QT	
QRS COMPLEXES													
RS-T SEGMENT						T WAVES							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Slight right ventricular conduction delay.
2. Within normal limits with no significant change since 7-6-60.

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 59-1702	K. C. HYON	CDR MC ROKN	7-12-61
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			67-B

THREADGILL, BURNEY JR

FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)
520-103

ELECTROCARDIOGRAM REQUEST

12ND NH 6300/2 (3-61)

TO: The Electrocardiograph Department

RETURN TO

67B

E NUMBER

59-1702

TECHNICIAN

DATE TAKEN

DATE

JUL 11 1961

NAME (Last)		(First)		(Middle)	RATE	AGE	WARD
Threadgill		Barney			F.B.I.		67-B
HEIGHT	WEIGHT	TO BE DONE			PREVIOUS ECG. THIS HOSPITAL		
		<input checked="" type="checkbox"/> IN CLINIC <input type="checkbox"/> ON WARD			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ETIOLOGY?					CARDIAC ENLARGEMENT		
ANNUAL F.B.I.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
VALVE LESION					BLOOD PRESSURE		
CONGESTIVE FAILURE (Edema, ascites, etc.)							

OTHER FEATURES

SPECIAL LEADS DESIRED

DIGITALIS (If any has been taken within the past three weeks, state amount or daily dose)

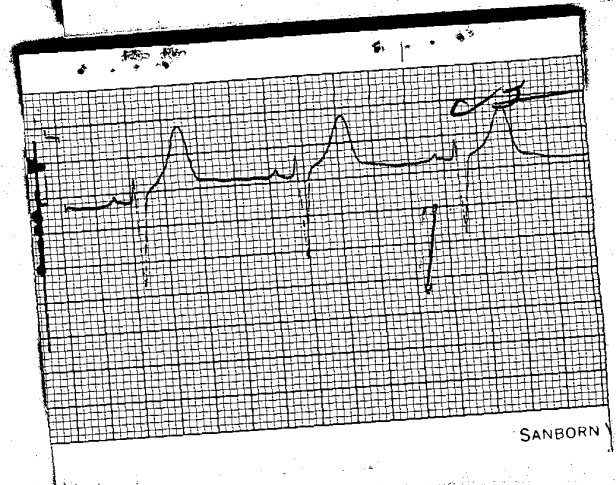
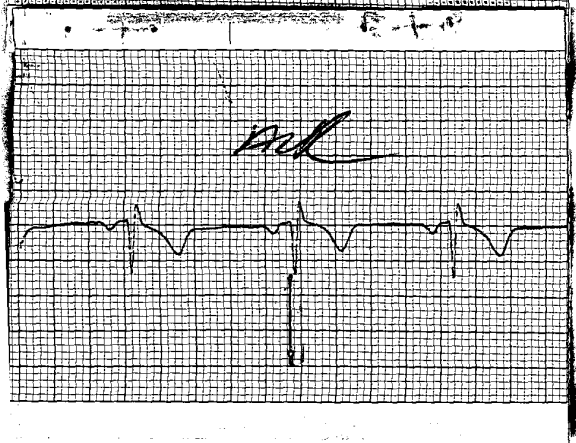
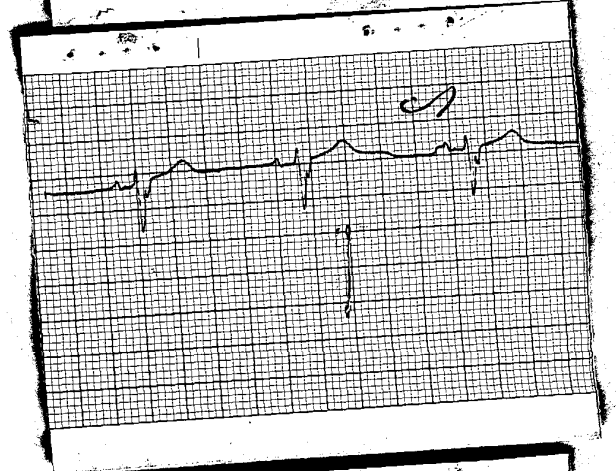
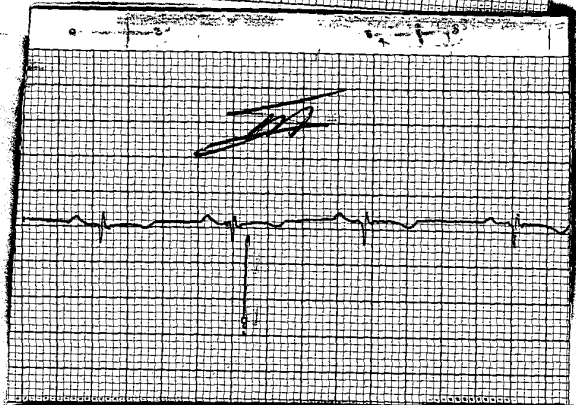
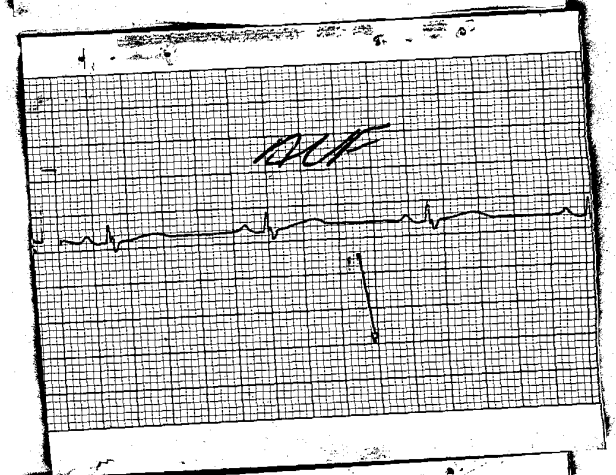
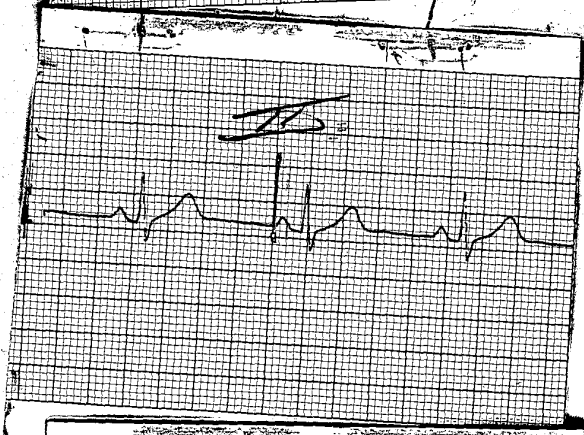
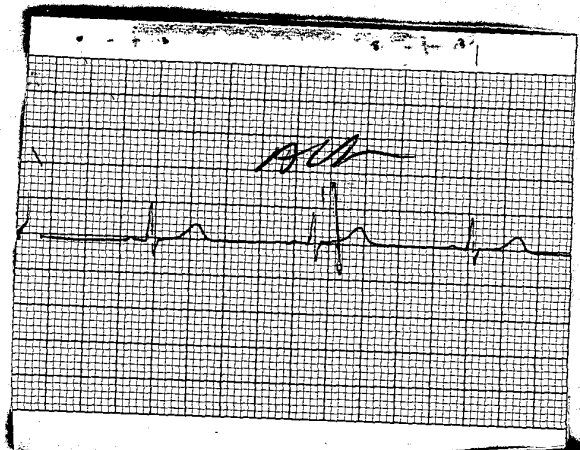
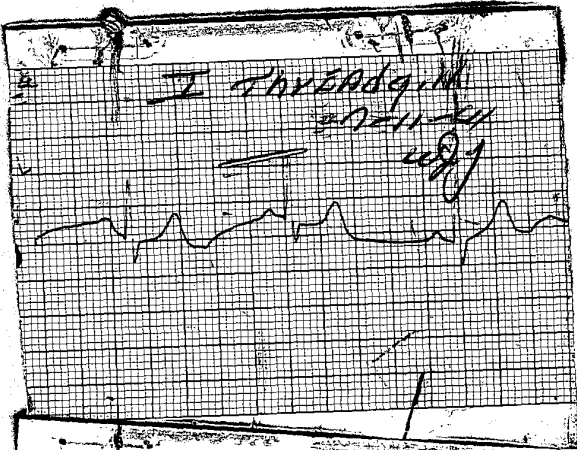
HISTORY OF ANGINA PECTORIS (?)

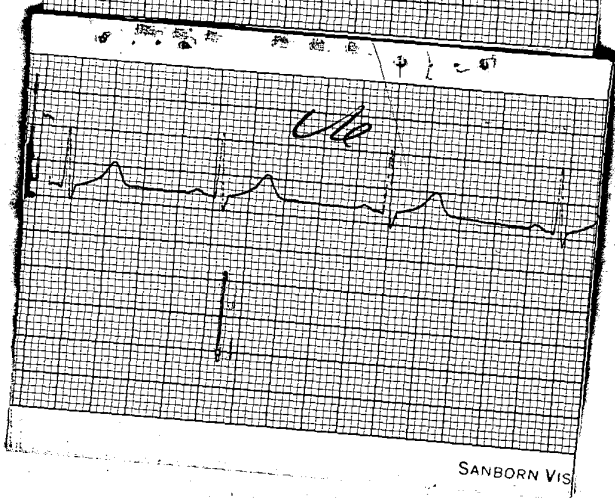
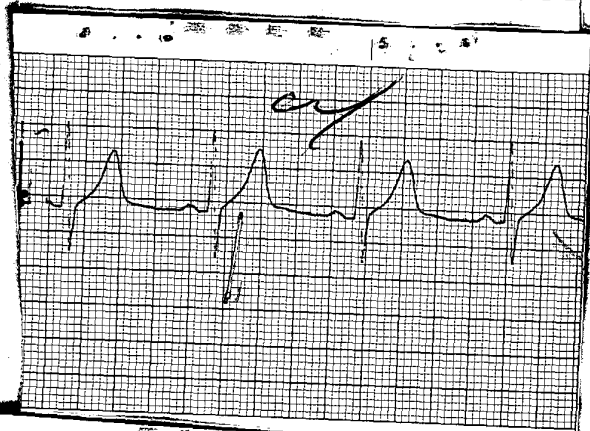
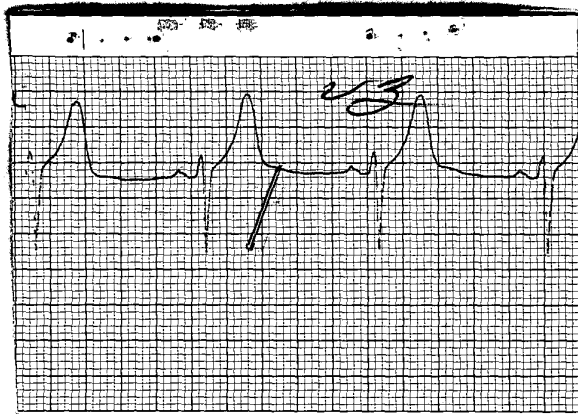
CORONARY OCCLUSION (Old or recent) (?)

CARDIAC RATE

SIGNATURE

MC USN





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION Annual physical						MEDICATION Denies				<input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
38	M	C	5'10"	159	118/80	M. E. JACOBSON				7-5-60	
RHYTHM						AXIS DEVIATION (QRS)				RATES	
										AURIC. VENT.	
INTERVALS						P WAVES					
PR						QRS				QT	
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

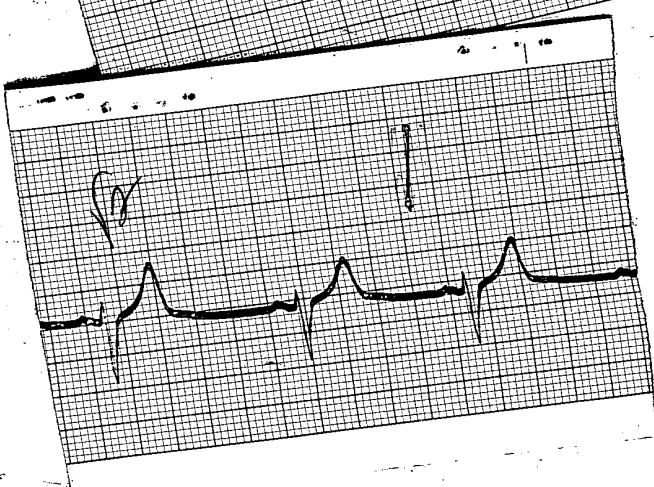
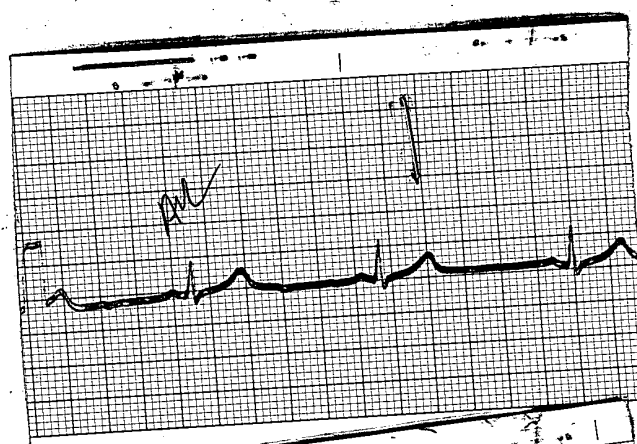
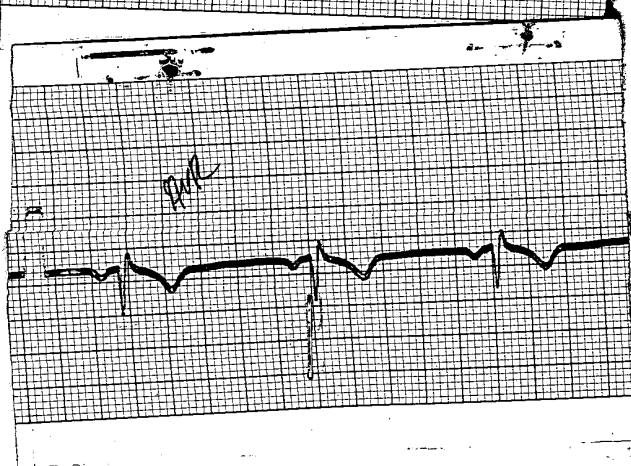
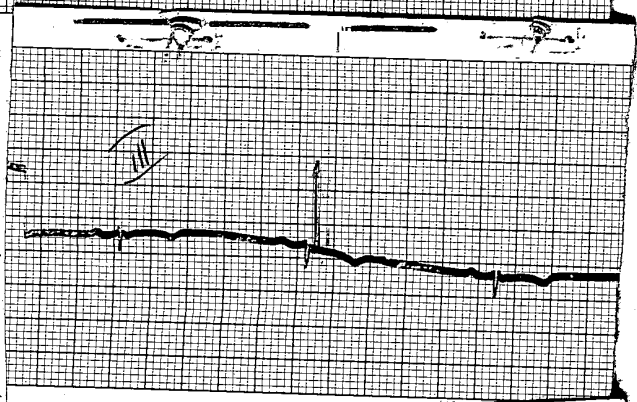
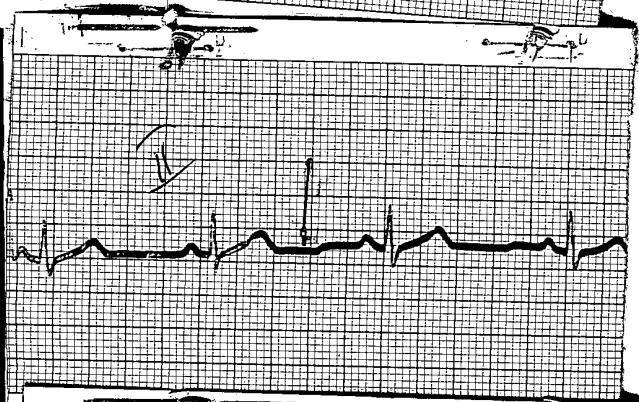
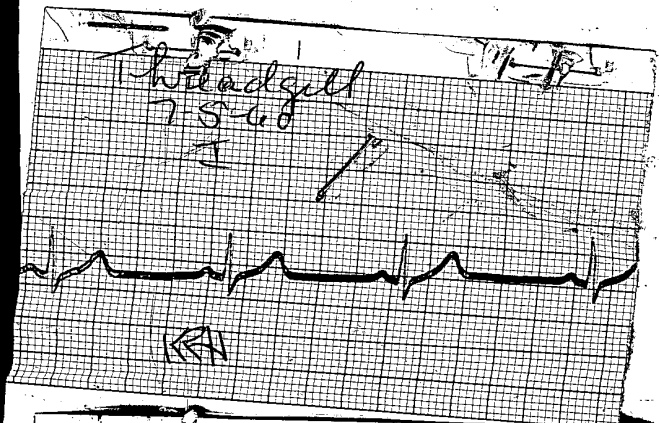
1. Within normal limits and no significant change since 7-28-59.

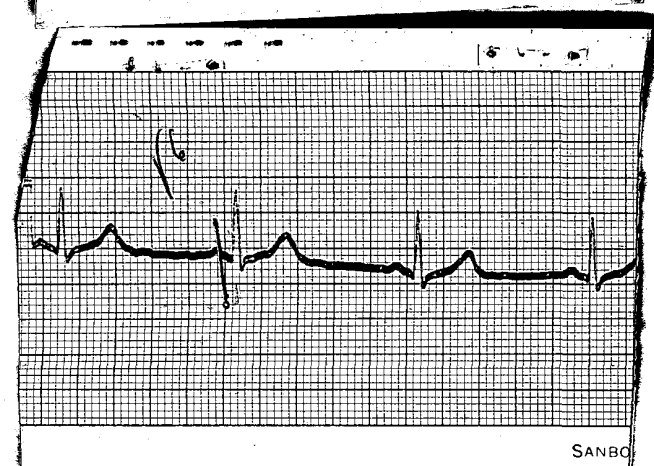
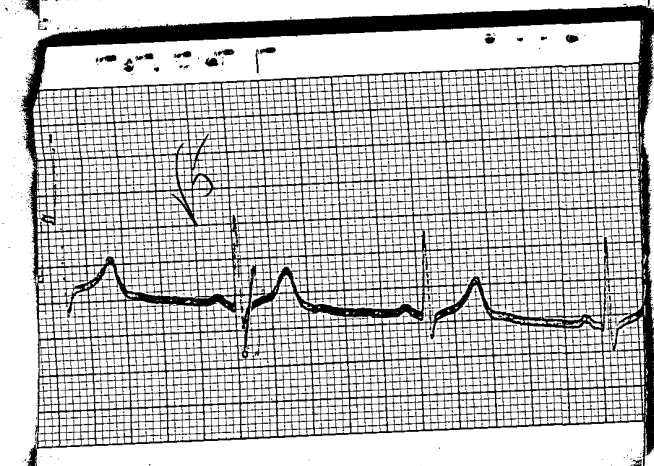
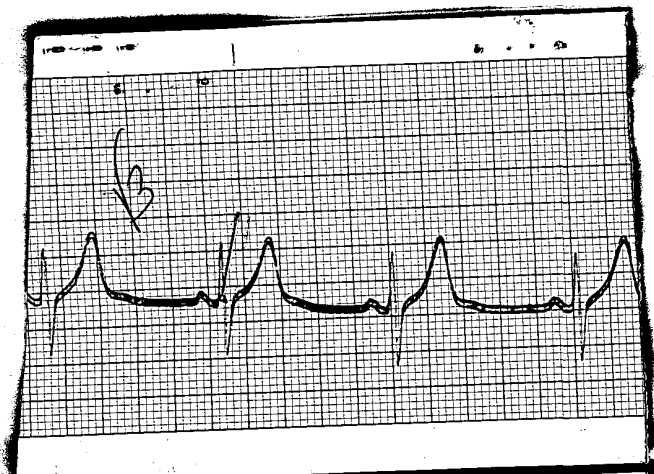
(Continue on reverse)

NO. ECG 59-1702	SIGNATURE J. J. STEVENS	TITLE LT MC USN	DATE 7-6-60
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. 67-B

THREADGILL, BURNET JR. FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)





SANBO

F-18
A-2

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CLINICAL IMPRESSION <i>FBI</i>						MEDICATION <i>NO</i>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE <i>46</i>	SEX <i>M</i>	RACE <i>CU</i>	HEIGHT <i>70</i>	WEIGHT <i>170</i>	B. P.	SIGNATURE OF WARD PHYSICIAN <i>Jose A. Aybar</i>		DATE <i>22 Aug 68</i>	
RHYTHM						AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

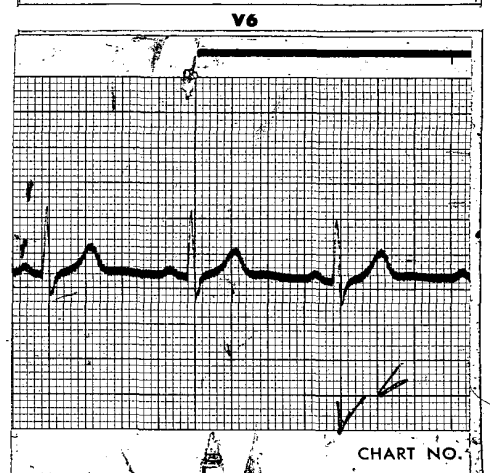
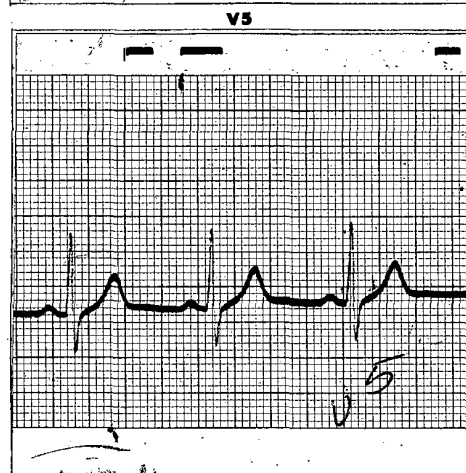
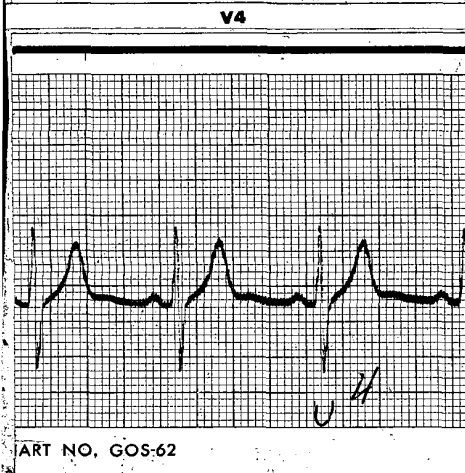
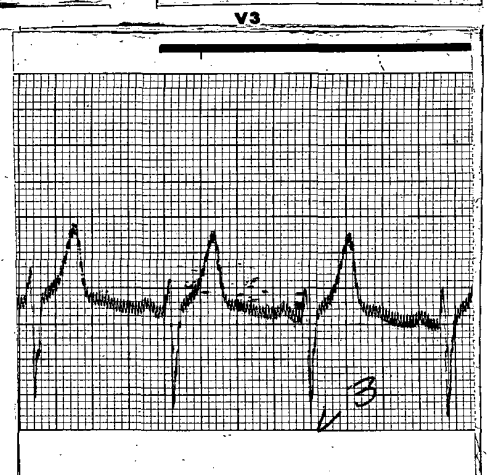
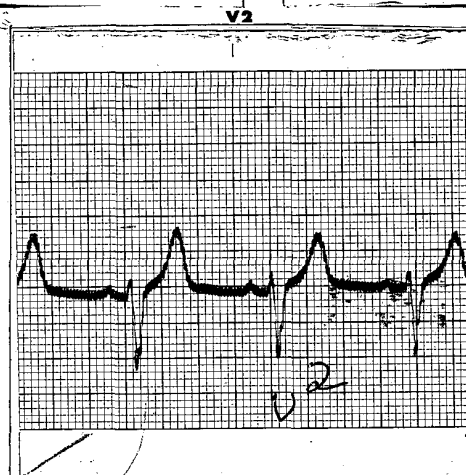
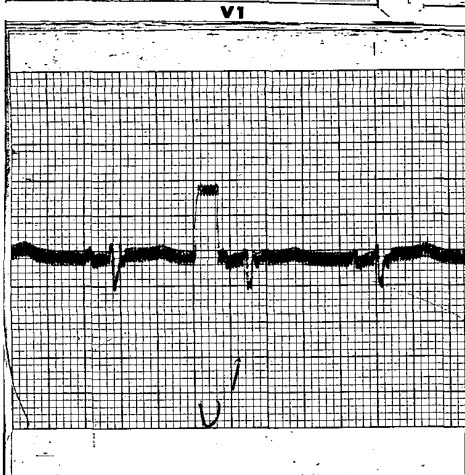
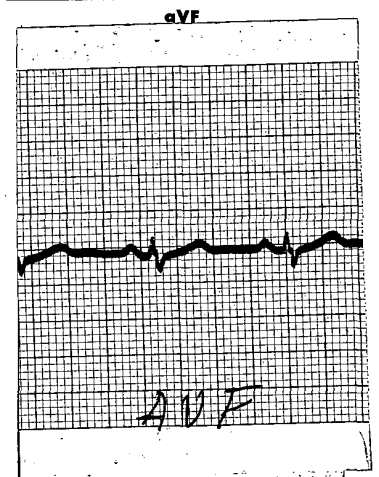
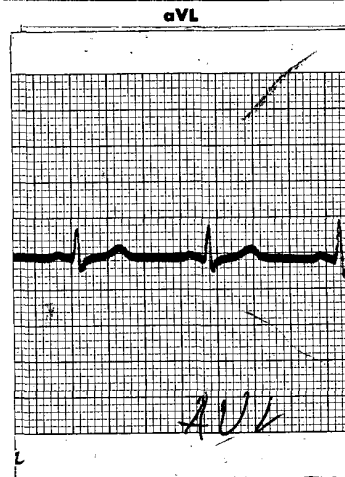
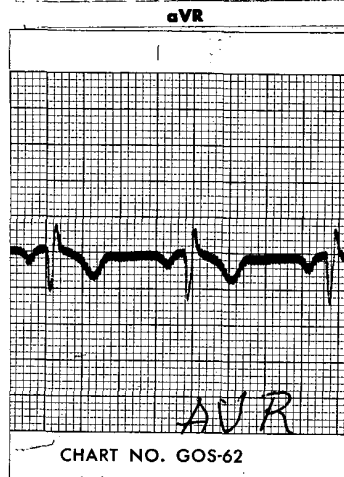
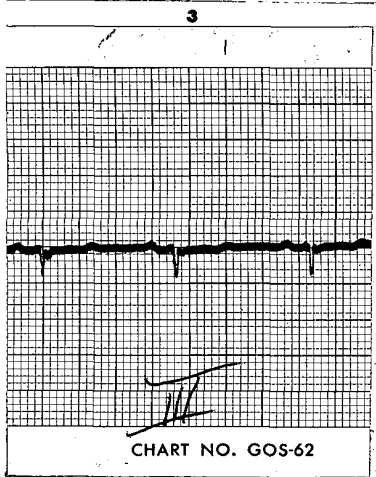
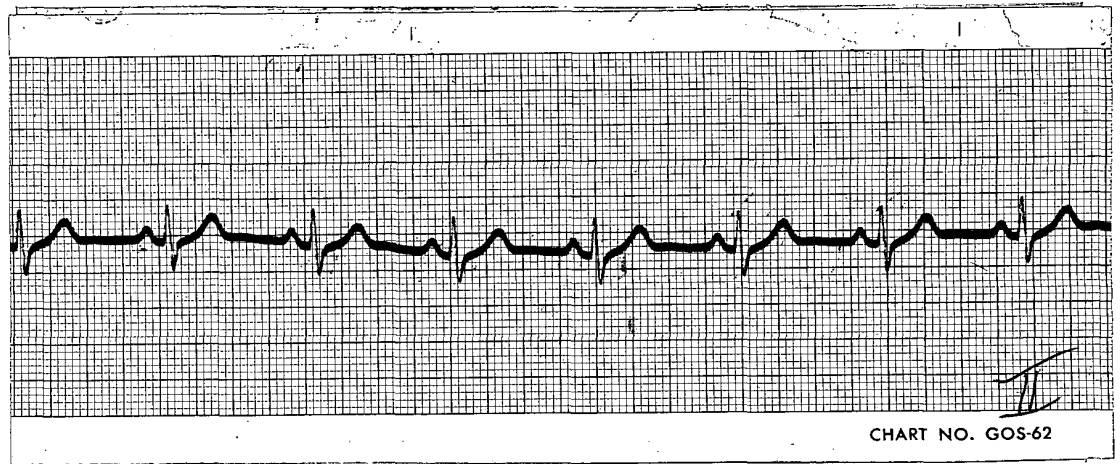
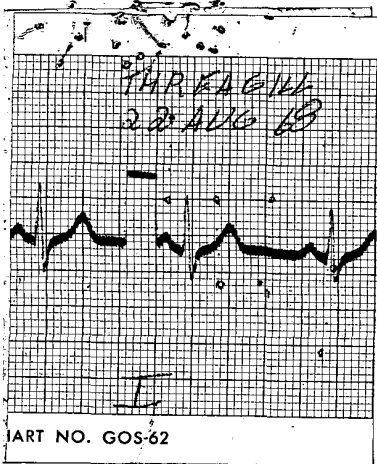
PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

TRACING WITHIN NORMAL LIMITS

(Continue on reverse)			
NO. ECG <i>707</i>	SIGNATURE <i>Theodore Bordin</i>	TITLE <i>THEODORE BORDIAN MAJ, MC</i>	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. <i>F-18</i>

Threadgill Burney Jr
66
FBI
Initials
HEALTH SERVICE
SEP 13 1968



NAME Threadgill, Burney DATE 26 Aug 68 CODE _____

ADDRESS _____

TEL. NO. _____ OCCUPATION _____

AGE _____ SEX _____ HT. _____ WT. _____ B.P. _____

PHYSICIAN _____

HISTORY _____

DIGITALIS _____ QUINIDINE _____ OTHER _____ PAT. POS. _____

AURIC. RATE _____ P WAVES _____ Q-T INT. _____

VENT. RATE _____ P-R INT. _____ S-T SEG. _____

RHYTHM _____ Q-R-S INT. _____ T WAVES _____

FINDINGS: _____

REMARKS: _____

PATIENT

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNET		2. TITLE OF POSITION SA-FBI	3. SOCIAL SECURITY NUMBER 426 14 1799
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) ATHERTON, PLACE, CARMEL-93921		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 8/21/69
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE 25 MILITARY 3 CIVILIAN 22	9. AGENCY FBI	10. ORGANIZATION UNIT
11. DATE OF BIRTH 10/28/21	12. PLACE OF BIRTH BILOXI, Miss	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)			

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES READING		<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	COUGHED UP BLOOD
	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
			SCARLET FEVER, ERYSIPELAS				ASTHMA				RECENT GAIN OR LOSS OF WEIGHT
			DIPHTHERIA				SHORTNESS OF BREATH				ARTHRITIS OR RHEUMATISM
			RHEUMATIC FEVER				PAIN OR PRESSURE IN CHEST				BONE, JOINT, OR OTHER DEFORMITY
			SWOLLEN OR PAINFUL JOINTS				CHRONIC COUGH				LAMENESS
			MUMPS				PALPITATION OR POUNDING HEART				LOSS OF ARM, LEG, FINGER, OR TOE
			COLOR BLINDNESS				HIGH OR LOW BLOOD PRESSURE				PAINFUL OR "TRICK" SHOULDER OR ELBOW
			FREQUENT OR SEVERE HEADACHE				CRAMPS IN YOUR LEGS				RECURRENT BACK PAIN
			DIZZINESS OR FAINTING SPELLS				FREQUENT INDIGESTION				"TRICK" OR LOCKED KNEE
			EYE TROUBLE				STOMACH, LIVER, OR INTESTINAL TROUBLE				FOOT TROUBLE
			EAR, NOSE, OR THROAT TROUBLE				GALL BLADDER TROUBLE OR GALLSTONES				NEURITIS
			RUNNING EARS				JAUNDICE				PARALYSIS (Inc. infantile)
			HEARING LOSS				ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE				EPILEPSY OR FITS
			CHRONIC OR FREQUENT COLDS				BROKEN BONES				CAR, TRAIN, SEA, OR AIR SICKNESS
			SEVERE TOOTH OR GUM TROUBLE				TUMOR, GROWTH, CYST, OR CANCER				FREQUENT TROUBLE SLEEPING
			SINUSITIS				RUPTURE/HERNIA				FREQUENT OR TERRIFYING NIGHTMARES
			HAY FEVER				APPENDICITIS				DEPRESSION OR EXCESSIVE WORRY
			HEAD INJURY				PILES OR RECTAL DISEASE				LOSS OF MEMORY OR AMNESIA
			SKIN DISEASES				FREQUENT OR PAINFUL URINATION				NERVOUS TROUBLE OF ANY SORT
			GOITER				KIDNEY STONE OR BLOOD IN URINE				ANY DRUG OR NARCOTIC HABIT
			TUBERCULOSIS				SUGAR OR ALBUMIN IN URINE				EXCESSIVE DRINKING HABIT
			SOAKING SWEATS (Night sweats)				BOILS				PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SAME	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 22 YRS	20. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
--	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	X	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	X	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

JAUNDICE 1944

HERNIA (REPAIR RIGHT INGUINAL)
AND URATHERAC DILATATION
4/3/69

MINOR PROSTATIC INFECTION
CORRECTED 11/68 (NOTED ON
LAST PHYSICAL)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

20 - Jaundice 1944 - No comp or seq
Hernia - Repaired 4 mos ago - No problems now
26-28 - Urinary infection - Treated by prv. urologist
Last check up one week ago - No prob

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

8/21/69

JM Hudson

2

THREADGILL, BURNEY JR.
FBI ANNUAL
PE DESK

1. Within normal limits.
2. No significant change since previous tracing of 8/28/67.

J. SMITH

SEP 16 1969
HEALTH SERVICE

22
20
18
16
14
12

96
JAN 1970

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME Threadgill, Burney (NMI), Jr.		2. TITLE OF POSITION Special Agent-FBI	3. SOCIAL SECURITY NUMBER 426 14 1799
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) Atherton Place, Carmel, California, 93921		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 8/30/31
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 23	9. AGENCY FBI	10. ORGANIZATION UNIT San Francisco Office
11. DATE OF BIRTH 10/28/21	12. PLACE OF BIRTH Biloxi, Mississippi	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) U.S. Naval Hospital, Oakland, Calif.	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Present health is good, no medications being used.

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES TO READ ONLY		<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	COUGHED UP BLOOD
	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
			DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
			RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
			SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
			COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
			FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
			DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
			EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
			EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
			RUNNING EARS	<input checked="" type="checkbox"/>			JAUNDICE (1944)		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
			HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
			CHRONIC OR FREQUENT COLDS		<input checked="" type="checkbox"/>		BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
			SEVERE TOOTH OR GUM TROUBLE				TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
			SINUSITIS	<input checked="" type="checkbox"/>			RUPTURE/HERNIA operation 3/69	<input checked="" type="checkbox"/>			FREQUENT OR TERRIFYING NIGHTMARES
			HAY FEVER		<input checked="" type="checkbox"/>		APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
			HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
			SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
			GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
			TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? present	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20. WHAT IS YOUR USUAL OCCUPATION?	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	---	------------------------------------	--

m6
Initials

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	REMARKS	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	✓	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	✓	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
	✓	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
✓		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	HERNI OPERATION 3/69 DR. CLYN SMITH - CARMEL COMMUNITY HOSPITAL CARMEL, CALIF.
✓		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	
	✓	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	✓	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)	
	✓	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	✓	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	✓	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

BURNEY THREADBILL, JR.

SIGNATURE

Burney Threadbill Jr

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

J. F. SANDERSON, LT, MC, USNR

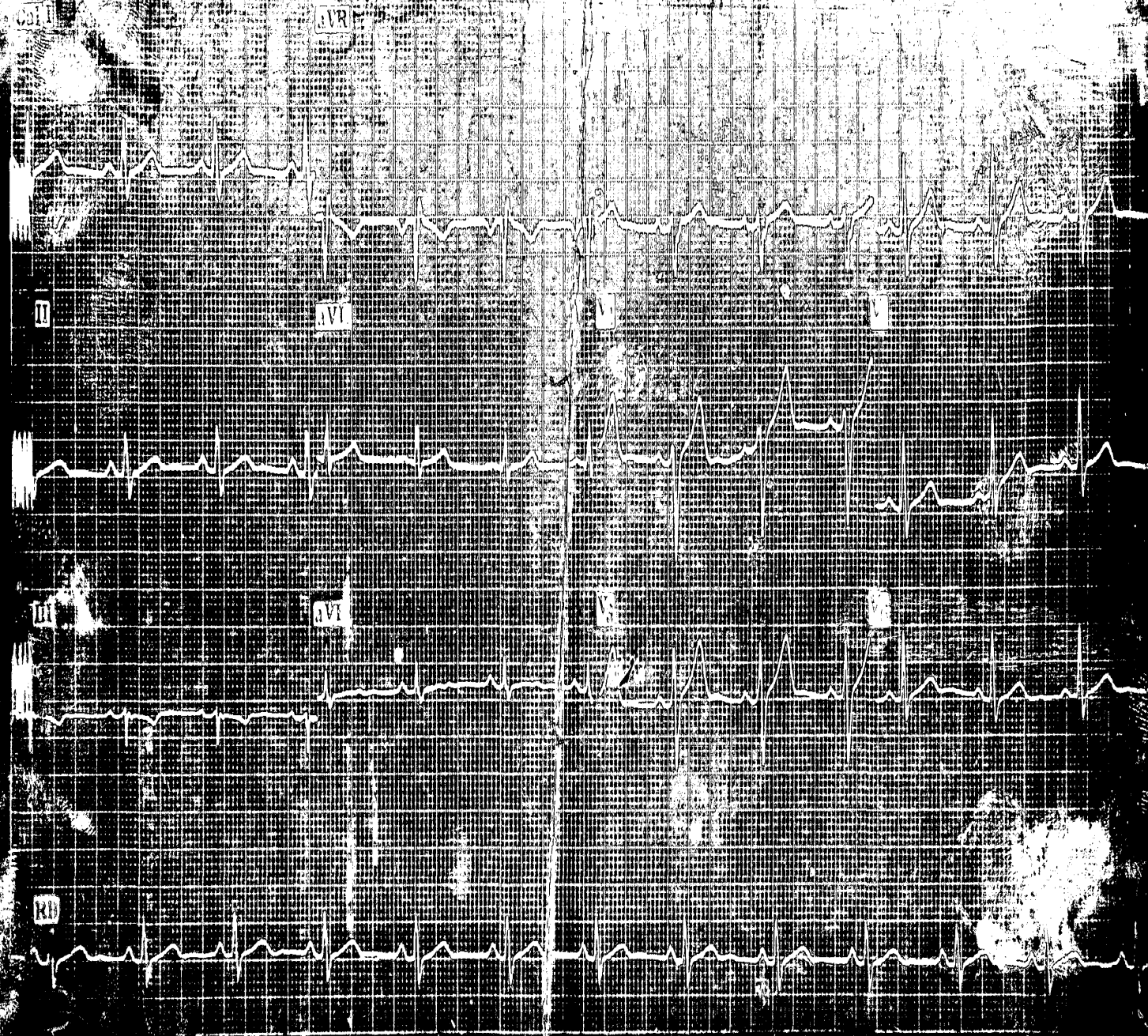
DATE

7/30/70

SIGNATURE

J. F. Sanderson

NUMBER OF ATTACHED SHEETS



THREADGILL, BURNEY
FBI ANNUAL
PE DESK

WITHIN NORMAL LIMITS

R.A. PROULX

RAP

02740



JULY '70
AUG 28 1970
HEALTH SERVICE
FBI

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNET (NMI), JR.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 426-14-1799
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) ATTENTION PLACE - CARMEL - CALIF -		4. POSITION (Title, grade, component) SA
5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 10/26/72	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

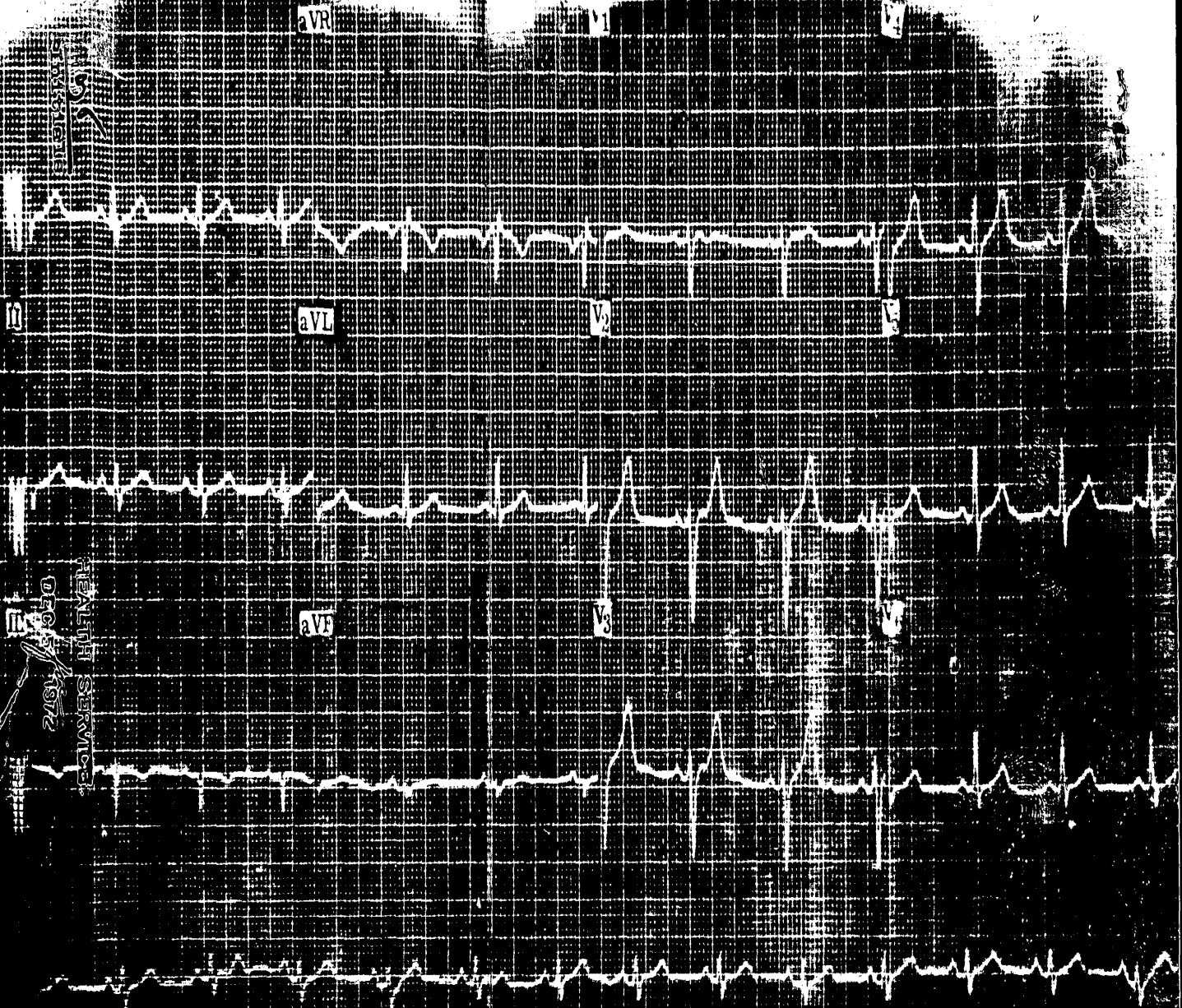
9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear glasses or contact lenses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have vision in both eyes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bled excessively after injury or tooth extraction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear a hearing aid
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attempted suicide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stutter or stammer habitually
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been a sleepwalker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (Include infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis 1943	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble TAKE 1/2 GR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis PROLONGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

Initials

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
✓		B. Inability to perform certain motions.	
✓		C. Inability to assume certain positions.	
✓		D. Other medical reasons (If yes, give reasons.)	
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
✓		19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	HERNIA '69
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
BURNIEY THREADGILL, JR.		Burniey Threadgill Jr	
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>			
<p>① hypercholesterolemia noted - followed by Pvt. Dr - Rx d e diet + proloval.</p> <p>② Hepatitis - 1943</p> <p>③ hernia, (inguinal) - repaired - 1969</p>			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
J.W. SHIGEOKA LT MC USNR		7/26/72	JW Shigeoka
REVERSE OF STANDARD FORM 93		NUMBER OF ATTACHED SHEETS	



THREADGILL, BURNET JR.

F.B.I.

S.S.C.

1. BORDERLINE TRACING
2. RIGHT VENTRICULAR CONDUCTION DISTURBANCE
3. OLD MYOCARDIAL INFARCTION CANNOT BE EXCLUDED

10/30/72

[Signature]
R. A. PROULX
CAPT (MC) USN
HEAD OF CARDIOLOGY

000 74

REPORT OF MEDICAL HISTORY **U.S. Civil Service Employees and Applicants**

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNEY, JR.		2. TITLE OF POSITION SA	3. SOCIAL SECURITY NUMBER 426 14 1799
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) ATHERTON PLACE, CARMEL, CALIF.		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 9-23-71
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 24	9. AGENCY FBI	10. ORGANIZATION UNIT SE
11. DATE OF BIRTH 10-28-21		12. PLACE OF BIRTH BILOXI, MISS -	
13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)			
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)			

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES READING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
	<input checked="" type="checkbox"/>		MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>			JAUNDICE 1944		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS		<input checked="" type="checkbox"/>		BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>			RUPTURE/HERNIA 1969		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
	<input checked="" type="checkbox"/>		HAY FEVER		<input checked="" type="checkbox"/>		APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
	<input checked="" type="checkbox"/>		HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? PRESENT	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 24 MRS	20. WHAT IS YOUR USUAL OCCUPATION? CURRENT	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	--	--	--

Initials

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	✓	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

HERNIA - 69
25

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

BURNEY THREAGILL JR.

SIGNATURE

Burney Threagill Jr.

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

S.S. KROLL LT MC USNR

DATE

23 Sep 71

SIGNATURE

[Signature]

NUMBER OF ATTACHED SHEETS



THREADGILL, BURNIEY
F.B.I.
STAFF SICK CALL

WITHIN NORMAL LIMITS

D. J. YARBOROUGH
LCDR (MC) USNR

000 2740

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

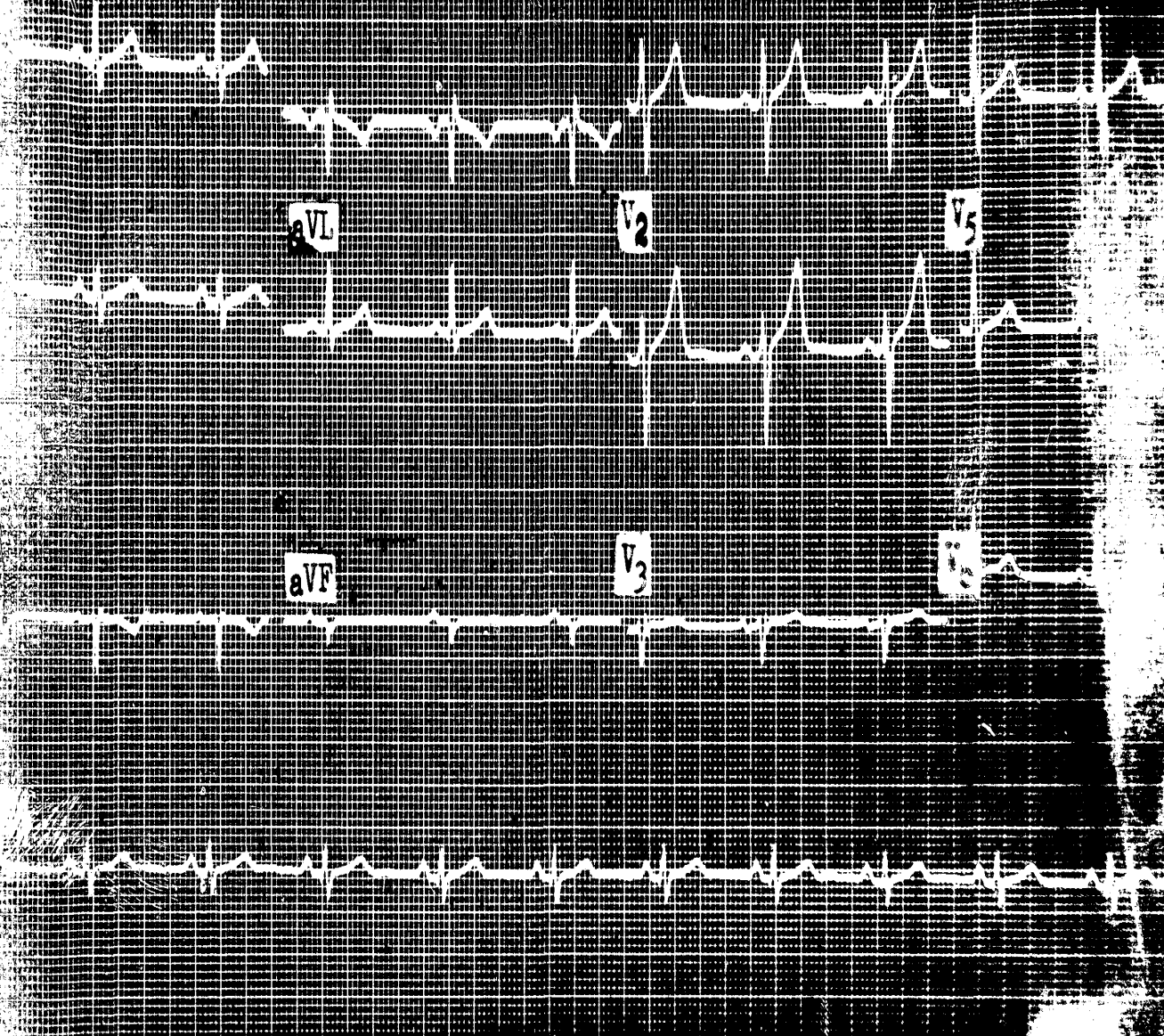
1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNLEY, JR		2. SOCIAL SECURITY OR IDENTIFICATION NO. 426-14-1799	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) RIDGEWOOD RD. CARMEL - CA-93921		4. POSITION (Title, grade, component) SPECIAL AGENT	
5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 11/21/75	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) US NAVAL HOSPITAL	
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) TWICE DAILY .1 CATAPRES			
9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
(Check each item)		(Check each item)	
		<input checked="" type="checkbox"/>	
	Lived with anyone who had tuberculosis		Wear glasses or contact lenses
	Coughed up blood	<input checked="" type="checkbox"/>	Have vision in both eyes
	Bled excessively after injury or tooth extraction		Wear a hearing aid
	Attempted suicide		Stutter or stammer habitually
	Been a sleepwalker		Wear a brace or back support
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever, erysipelas
			Rheumatic fever
			Swollen or painful joints
			Frequent or severe headache
		<input checked="" type="checkbox"/>	Dizziness or fainting spells
			Eye trouble
			Ear, nose, or throat trouble
			Hearing loss
			Chronic or frequent colds
		<input checked="" type="checkbox"/>	Severe tooth or gum trouble
			Sinusitis
			Hay Fever
			Head injury
			Skin diseases
			Thyroid trouble
			Tuberculosis
			Asthma
			Shortness of breath
			Pain or pressure in chest
			Chronic cough
			Palpitation or pounding heart
			Heart trouble
<input checked="" type="checkbox"/>			High or low blood pressure
			Cramps in your legs
			Frequent indigestion
			Stomach, liver, or intestinal trouble
			Gall bladder trouble or gallstones
			Jaundice or hepatitis 1944
			Adverse reaction to serum, drug, or medicine
			Broken bones
			Tumor, growth, cyst, cancer
			Rupture/hernia 1969
			Piles or rectal disease
			Frequent or painful urination
			Bed wetting since age 12
			Kidney stone or blood in urine
			Sugar or albumin in urine
			VD—Syphilis, gonorrhea, etc.
			Recent gain or loss of weight
			Arthritis, Rheumatism, or Bursitis
			Bone, joint or other deformity
			Lameness
			Loss of finger or toe
			Painful or "trick" shoulder or elbow
			Recurrent back pain
			"Trick" or locked knee
			Foot trouble
			Neuritis
			Paralysis (include infantile)
			Epilepsy or fits
			Car, train, sea or air sickness
			Frequent trouble sleeping
			Depression or excessive worry
			Loss of memory or amnesia
			Nervous trouble of any sort
			Periods of unconsciousness
12. FEMALES ONLY: HAVE YOU EVER			
			Been treated for a female disorder
			Had a change in menstrual pattern
13. WHAT IS YOUR USUAL OCCUPATION?		14. ARE YOU (Check one)	
		<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed	

Initials

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		<div style="display: flex;"> <div style="width: 35%;"> <p>15. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>A. Sensitivity to chemicals, dust, sunlight, etc.</p> <p>B. Inability to perform certain motions.</p> <p>C. Inability to assume certain positions.</p> <p>D. Other medical reasons (If yes, give reasons.)</p> <p>16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)</p> <p>17. Have you ever been denied life insurance? (If yes, state reason and give details.)</p> <p>18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)</p> <p>19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)</p> <p>20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)</p> <p>21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)</p> <p>22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)</p> <p>23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)</p> <p>24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)</p> </div> <div style="width: 65%; padding-left: 20px;"> <p>9. TRANSURETHRAL RESECTION OF THE PROSTATE - SEPT 9, 1975 G.E. DUEKER, MD COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CARMEL - CA</p> <p>HERNIA OPERATION - '69</p> <p>11. HIGH BLOOD PRESSURE - NOV - 74 - LAST PHYSICAL</p> </div> </div>
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>		
<p>TYPED OR PRINTED NAME OF EXAMINEE BURNEY THREAVILL, JR</p>		<p>SIGNATURE <i>Burney Threavill Jr</i></p>
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p> <p style="font-size: 1.2em; margin-top: 20px;">No sequelae from above surg.</p>		
<p>TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER AROOD R RAO MD</p>		<p>DATE 11/21/75</p>
		<p>SIGNATURE <i>AROOD</i></p>
		<p>NUMBER OF ATTACHED SHEETS 5</p>

Initials

Bob



THREADGILL, BURNEY JR.

426-14-1699

STAFF SICK CALL
(FBI)

HEALTH SERVICE

JAN 2 1976

Precordial leads (V1,2,3) probably mismounted.
Left anterior hemiblock.

11/21/75

ROBERT E. INGHAM
LCDR (MC) USNR

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME BORNEY THREADGILL, BORNEY		2. SOCIAL SECURITY OR IDENTIFICATION NO. 426-14-1799	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) RIDGEWOOD RD - CARMEL-CA -		4. POSITION (Title, grade, component) S.A.	
5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/25/74	
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)			

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever, erysipelas
			Rheumatic fever
			Swollen or painful joints
			Frequent or severe headache
			Dizziness or fainting spells
			Eye trouble
			Ear, nose, or throat trouble
			Hearing loss
			Chronic or frequent colds
			Severe tooth or gum trouble
			Sinusitis
			Hay Fever
			Head injury
			Skin diseases
			Thyroid trouble
			Tuberculosis
			Asthma
			Shortness of breath
			Pain or pressure in chest
			Chronic cough
			Palpitation or pounding heart
			Heart trouble
			High or low blood pressure
			Cramps in your legs
			Frequent indigestion
			Stomach, liver, or intestinal trouble
			Gall bladder trouble or gallstones
			Jaundice or hepatitis
			Adverse reaction to serum, drug, or medicine
			Broken bones
			Tumor, growth, cyst, cancer
			Rupture/hernia
			Piles or rectal disease
			Frequent or painful urination
			Bed wetting since age 12
			Kidney stone or blood in urine
			Sugar or albumin in urine
			VD—Syphilis, gonorrhea, etc.
			Recent gain or loss of weight
			Arthritis, Rheumatism, or Bursitis
			Bone, joint or other deformity
			Lameness
			Loss of finger or toe
			Painful or "trick" shoulder or elbow
			Recurrent back pain
			"Trick" or locked knee
			Foot trouble
			Neuritis
			Paralysis (include infantile)
			Epilepsy or fits
			Car, train, sea or air sickness
			Frequent trouble sleeping
			Depression or excessive worry
			Loss of memory or amnesia
			Nervous trouble of any sort
			Periods of unconsciousness

13. WHAT IS YOUR USUAL OCCUPATION?		14. ARE YOU (Check one)	
		<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
X		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
		B. Inability to perform certain motions.
		C. Inability to assume certain positions.
		D. Other medical reasons (If yes, give reasons.)
X		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
X		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
X		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
X		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
X		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
X		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
X		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
X		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
X		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

HERNIA - OPERATION 1968
" " "

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Burney [Signature]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data. (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

W. DEIGNAN CDR MC USN

18 Oct 74

UP

CLINICAL DIAGNOSIS:

DATE

DIGITALIS **QUINIDINE**

AGE	SEX	HEIGHT	WEIGHT	B. P.	/	ORDERED BY
-----	-----	--------	--------	-------	---	------------

PREV. ECG YES ☐ NO ☐ AMB. ☐ ~ BED. ☐ EMERG. ☐

M. D.

RHYTHM: SINUS ☐ OTHER:

AXIS

$$+ \quad 0 \quad - \quad 0$$
RATES:

ATRIAL

VENTRICULAR

INTERVALS:

P-R

Q R S

Q T c

DESCRIPTION

LIMB LEADS

PRECORDIAL LEADS

P

Q R S

S-T

T, U

INTERPRETATION:

W. N. L. □

1. BORDERLINE TRACING
2. BORDERLINE LEFT AXIS DEVIATION
3. NO SIGENAT XHANGE FROM 10/72

SERIAL CHANGES SINCE PREVIOUS ECG OF (/ /)
THE FOLLOWING CHANGES HAVE OCCURRED:

NO SIGNIFICANT
CHANGE ☐

CLINICAL IMPLICATIONS:

ECG NO.

3740

PATIENT'S IDENTIFICATION

THREADGILL BURNIEY

F.B.I.

426 14 1699

SSC

INTERPRETED BY

D. T. DANAHY

LAUER (MC) USER

M. D.

REG. NO.

WARD

R M.

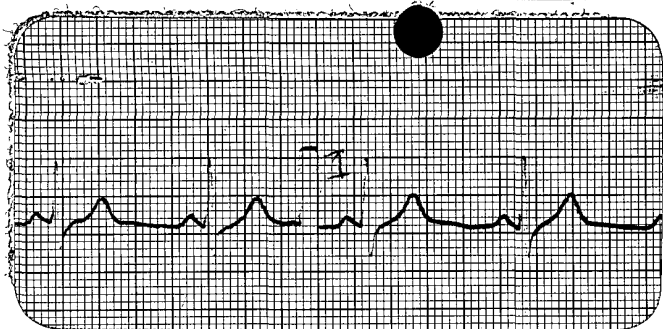
DATE

10/25/74

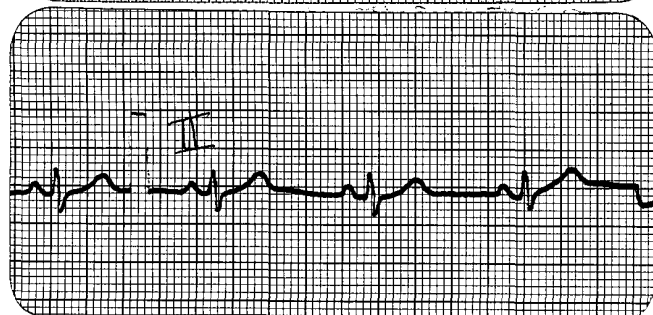
DEC 19 1974

HEALTH SERVICE

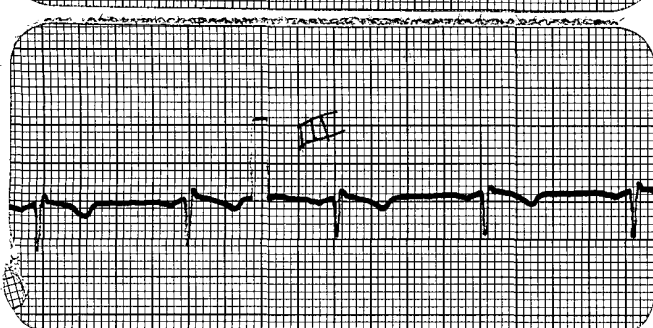
I



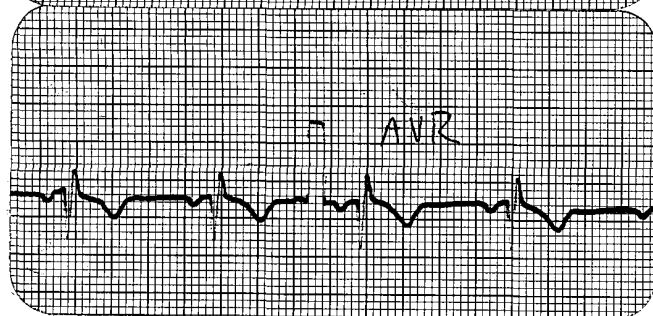
II



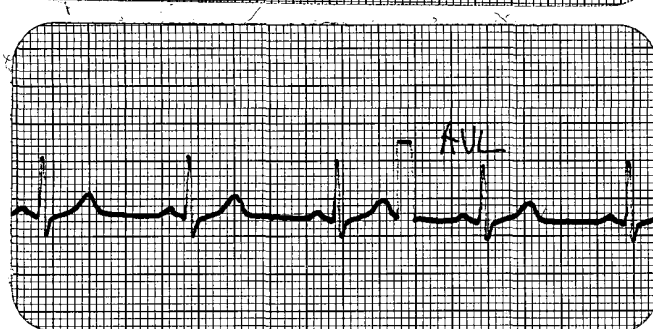
III



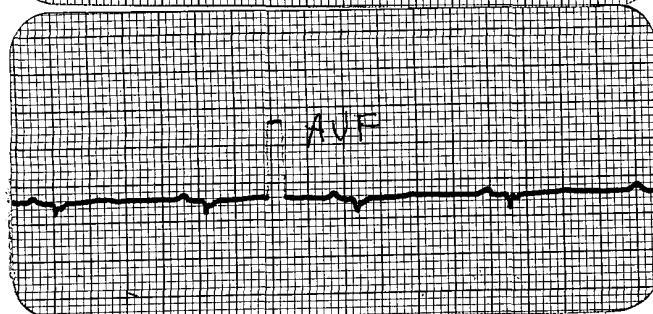
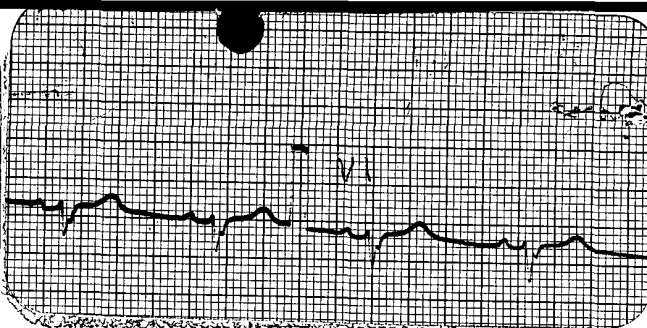
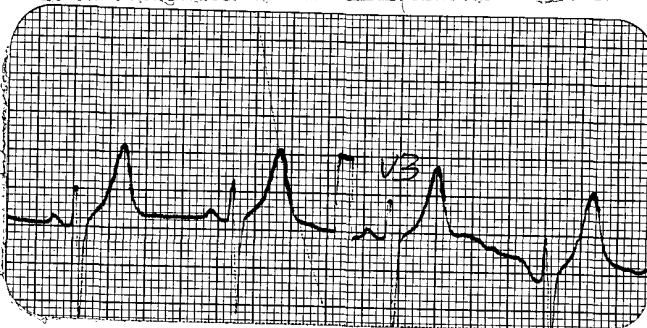
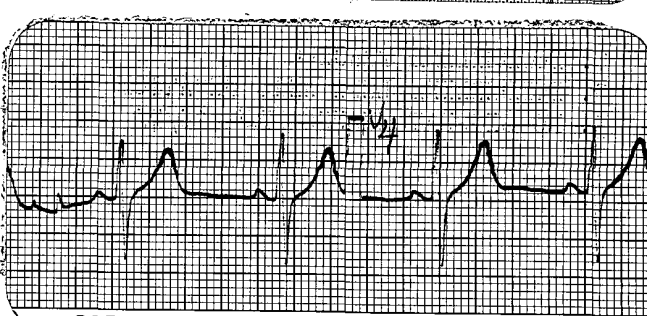
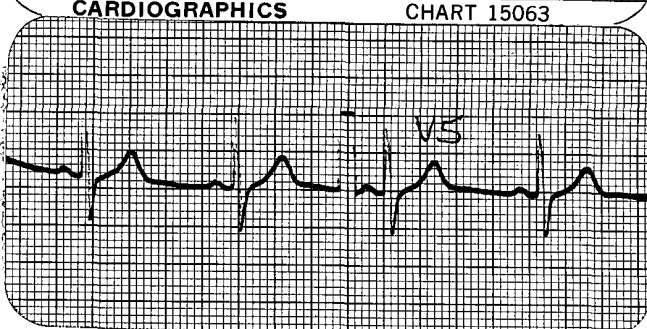
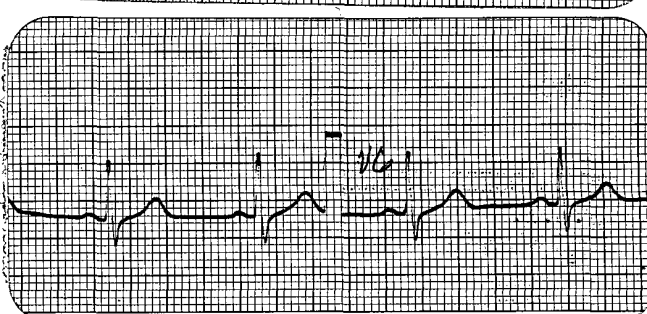
R



L



F

V₁V₂V₃V₄V₅V₆

CARDIOGRAPHICS

CHART 15063

THERESA WILL BURNER

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME THREADGILL, BURNLEY		2. SOCIAL SECURITY OR IDENTIFICATION NO. 426-14-1799	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) ADVERTON PLATE - CARMEL - CA		4. POSITION (Title, grade, component) SPECIAL AGENT	
5. PURPOSE OF EXAMINATION ANNUAL	5. DATE OF EXAMINATION 10-17-73	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) US NPGS - MT	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

IN GOOD HEALTH

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses READING GLASSES
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs		<input checked="" type="checkbox"/>		"Trick" or locked knee
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion		<input checked="" type="checkbox"/>		Foot trouble
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble		<input checked="" type="checkbox"/>		Neuritis
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones		<input checked="" type="checkbox"/>		Paralysis (include infantile)
	<input checked="" type="checkbox"/>		Dizziness or fainting spells	<input checked="" type="checkbox"/>			Jaundice or hepatitis 1943		<input checked="" type="checkbox"/>		Epilepsy or fits
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine		<input checked="" type="checkbox"/>		Car, train, sea or air sickness
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones		<input checked="" type="checkbox"/>		Frequent trouble sleeping
	<input checked="" type="checkbox"/>		Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer		<input checked="" type="checkbox"/>		Depression or excessive worry
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia OPERATION 68		<input checked="" type="checkbox"/>		Loss of memory or amnesia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble	<input checked="" type="checkbox"/>			Piles or rectal disease		<input checked="" type="checkbox"/>		Nervous trouble of any sort
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination				Periods of unconsciousness
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12				
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine				
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine				
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.				
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight				
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis				
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity				
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness				
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe				
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow				
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain				
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>						

13. WHAT IS YOUR USUAL OCCUPATION? ADMINISTRATOR		14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	
--	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

19, CARME HOSPITAL 1968
HERNIA - DR CLYN SMITH

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

BURNEY TREADWELL, JR.

Burney Treadwell

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Jaw pain 6 wks 1943 Cause?
Repair of my hernia 1968 - no complications
Sequelae.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

R.A. Cummings Capt MC USA

21 Jan 74

[Signature]

UNL?

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
	Male					AVR DR. SHAW LTMC USNR			17 OCT 75
RHYTHM						AXIS DEVIATION (QRS)		RATES	
						- 25°		AURIC. 65 VENT 65	
INTERVALS						P WAVES			
PR 12 QRS 07 QT 38									
QRS COMPLEXES									
 									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:									
<p style="text-align: center;"><i>Bordeline LAD probably normal</i></p> <p style="text-align: center;">(Continue on reverse)</p>									
NO. ECG		SIGNATURE OF PHYSICIAN				PATIENT'S IDENTIFICATION NO.		DATE	
		<i>RD Shaw</i>						26 OCT 75	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.		WARD NO.	

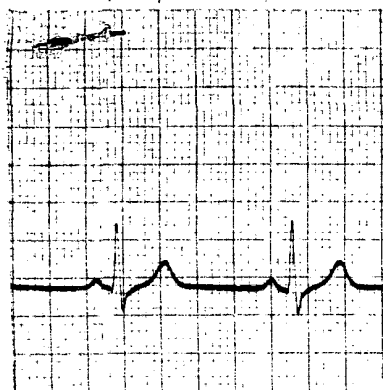
THREADGILL, ~~St~~ Arney
FBI ANNUAL

ELECTROCARDIOGRAPHIC RECORD

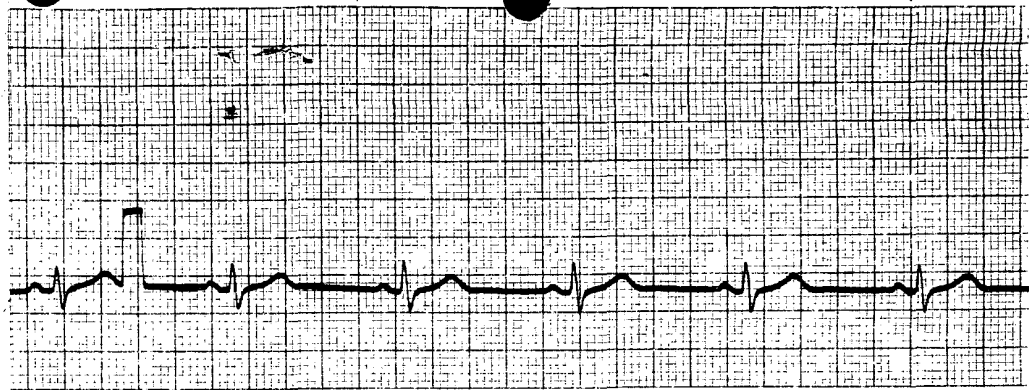
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11-809-3
520-105

GPO : 1972 O 481 570



3

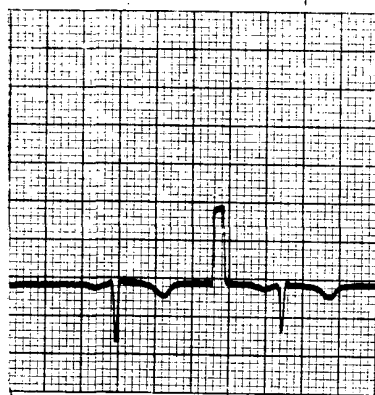


GRK

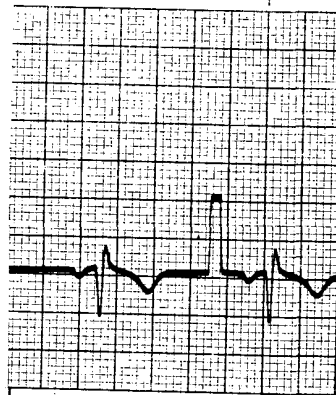
aVR

aVL

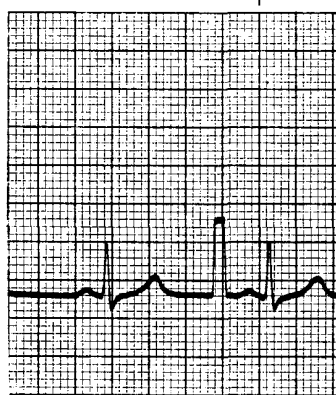
aVF



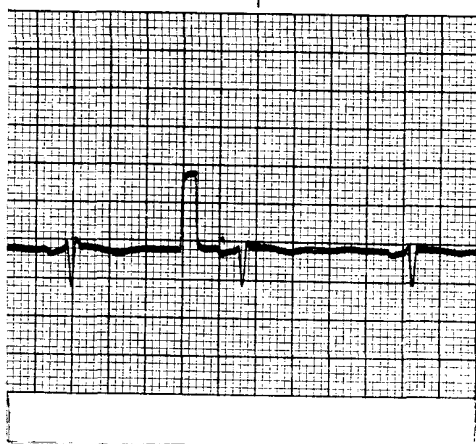
V1



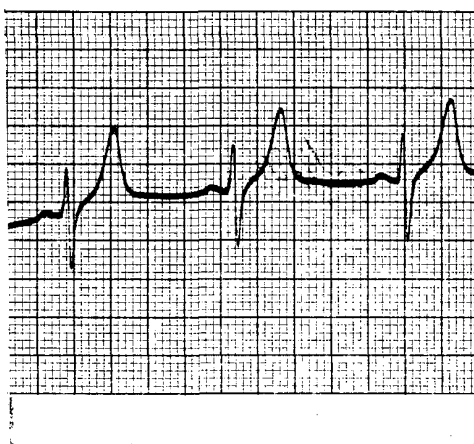
V2



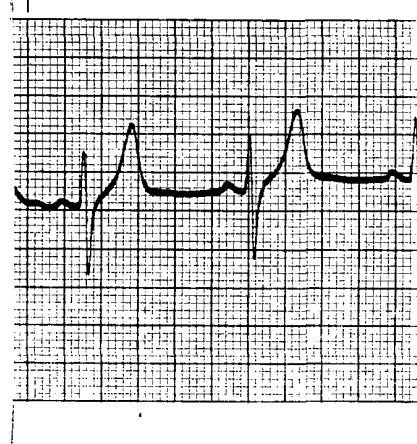
V3



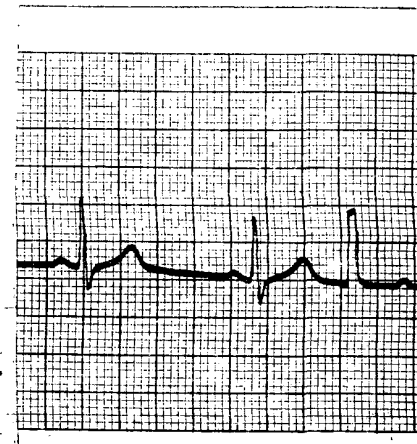
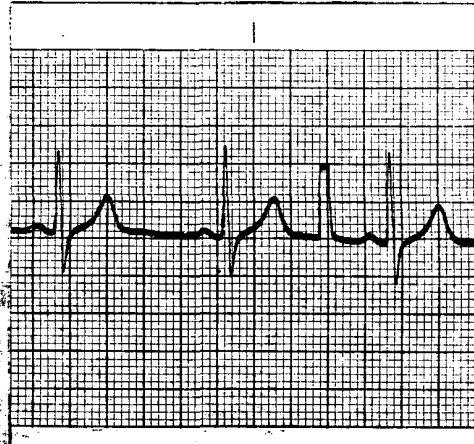
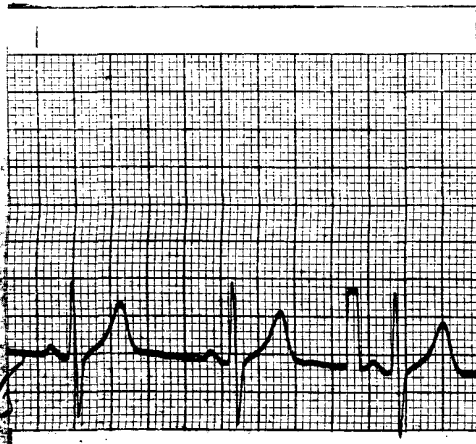
V4



V5



V6



NO. ECG 100

CONTROLS CORPORATION

BUF

CONTROLS CORPORATION BUFFALO, NEW YORK

FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 3

Page 71 ~ b7E

Page 161 ~ b6

Page 162 ~ b6